

Form I-F

LEAVE OF ABSENCE APPLICATION

(Name)

Banner ID#)

(Address)

(Phone Number)

wishes to apply for a leave of absence from in _____ degree program.

Persons requesting a leave of absence, which extends beyond one (1) year, are required to submit a graduate admission application for readmission, which is subject to approval by the department.

Note: Persons on an approved leave of absence for five or more years from when they first enrolled in any course for the program they are now requesting a leave of absence must have completed courses reviewed by the department to determine if any of those courses are now obsolete. Any course determined not to be obsolete require justification submitted to the School of Graduate Studies. If determined obsolete, the department must immediately notify and advise the student.

First semester enrolled

Last semester enrolled

Semester leave will start

Semester leave will end

(Return Semester)

Please enter, in the space provided below, the reason for your request. (If you are requesting leave for a term for which add and drop has not ended, **you must officially drop all of your courses** in order to not be financially liable. If your leave will start during a semester for which you are currently enrolled and that you do not intend to complete, **you must officially withdraw from your courses.**)

Signature: _____

Date: _____

I approve this request:

Dean/Chair of the Department/Program Coordinator

Date: _____

Dean, School of Graduate Studies

Date: _____

PLEASE NOTE:

For a full explanation of the policy regarding leaves of absence, please see the Policy on Continuous Enrollment in *Graduate Catalog*.