REQUEST FOR LEAVE OF ABSENCE

Name: (*last, first,M.I.*)		EMPL **(MUST)** _AND_ CAMPUS ID#:
E-mail Address:	Preferred Phone: – –	Semester Requesting Leave: Semester **and** Year:
Program:	Degree: Doctorate ☐ Masters ☐ Certificate ☐	

Reason(s) for Leave:

Medical ☐   Academic ☐   Financial ☐   Personal ☐   Other ☐

Please provide further explanation for your request:

SIGNATURES (Please **type and sign**.)

Applicant's Name:	Applicant's Signature:	Date:

Advisor's Approval:

Approve ☐   Disapprove ☐

Comments:

Advisor's Name:	Advisor's Signature:	Date:

GPD's Approval:

Approve ☐   Disapprove ☐

Comments:

GPD's Name	GPD's Signature	Date

Graduate School's Approval:

Approve ☐   Disapprove ☐

Comments:

Assistant Dean's Signature:	Date: