

<b>Last Name</b>	<b>First</b>	<b>M.I.</b>	<b>ID Number</b>	<b>Date</b>
<b>Major Department</b>		<b>Program</b>	<b>Telephone Number</b>	

Please select one of the following:

- I am here in F1 or J1 immigration status
- I am a U.S. citizen, permanent resident, undocumented alien or here in another immigration status

Check appropriate items:

- New request for a leave of absence for current semester
- New request for a leave of absence for next semester(s)
- Renewal of a leave of absence; previous semester on leave

Leaves are granted for a maximum of one year at a time, renewable upon request for the second year. In order to request a leave, the student must be currently registered or registered during the previous semester; students who are admitted but never registered are not eligible for leaves. Students planning to return from leaves of absence are required to complete a readmission request form and should submit it to their departments three months in advance of the enrollment. **All students** should be aware that if they take a leave of absence they are stating that they will not be doing any work towards their degree or consulting with faculty, and that they will lose student status privileges and may be required to pay back student loans.

**International Students:** you **must** speak to an *International Student Advisor* to discuss your immigration status before taking a leave of absence. Approval of an academic leave by the Graduate School does **not** excuse the U.S. Immigration requirement for full-time registration for each semester. By signing below, you certify that you understand the implications of this leave of absence on your immigration status in the United States.

I request a leave of absence for the following semester(s):  FALL (year) \_\_\_\_\_  SPRING (year) \_\_\_\_\_

Reason:

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, ZIP Code*

**DEPARTMENTAL ENDORSEMENT**

By signing this form the Chairman or Graduate Program Director certifies that the student will not be making any progress towards the degree.

\_\_\_\_\_  
*Chairman or Graduate Program Director* *Date*

\_\_\_\_\_  
*Signature of International Student Advisor* *Date*  
(required for International students only)

**GRADUATE SCHOOL**

- Approved \_\_\_\_\_
- Denied \_\_\_\_\_
- Approved subject to special conditions upon readmission \_\_\_\_\_

\_\_\_\_\_  
*Dean of the Graduate School* *Date*