



PETITION FOR LEAVE OF ABSENCE

I am petitioning for a leave of absence from ☐ My Ph.D. studies, ☐ My Master's studies.
My reason (s) for asking for this leave are as follows:

Student Name:

Student ID:

Degree and Program:

Email:

Phone:

Leave of absence is requested for the following terms: Fall 20 /Spring 20 /
Summer 20 , Other

☐ I understand that a leave of absence does not extend the requirement to complete the Ph.D. Program within nine (9) consecutive years after the first date of enrollment in Graduate School.

☐ I understand that a leave of absence does not extend the requirement to complete the master's degree within six (6) consecutive years after the first date of enrollment in Graduate School.

Signature, Student

Date

Signature, Department Head/Coordinator

Approval ☐ Yes ☐ No

Date

Signature, Academic Dean

Approval ☐ Yes ☐ No

Date

Signature, Graduate School Dean

Approval ☐ Yes ☐ No

Date

*Please Note: Student are not permitted to access or use university facilities or resources during their leave of absence.