



## 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 Studies.

☐ 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 Studies.

\_\_\_\_\_  
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.