



## Leave of Absence Request Form

Student name: \_\_\_\_\_

RUID: \_\_\_\_\_

Program: \_\_\_\_\_

Degree sought: \_\_\_\_\_

Initial semester of enrollment in current program: \_\_\_\_\_

Reason for requested leave (briefly describe):

Anticipated duration of leave (# of semesters): \_\_\_\_\_

*Documentation is required for leave requested for medical, family or dependent care, and military service. Please attach the required documentation to this form. See Leave of Absence Policy for more information.*

Graduate Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_

*I have reviewed this form with my Graduate Program Director. We have discussed the impact of this leave on my academic progress, and I understand that this can delay my anticipated graduation date. I also understand that I am required to register for Matriculation Continued during the duration of my leave of absence.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_