



LEAVE OF ABSENCE APPLICATION

Student's Name: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Degree: _____ Major: _____

First semester registered: _____ <i>Term</i> _____ <i>Year</i>	Last semester registered: _____ <i>Term</i> _____ <i>Year</i>
Semesters on leave*: _____ <i>Term</i> _____ <i>Year</i>	through _____ <i>Term</i> _____ <i>Year</i>
Semester to return: _____ <i>Term</i> _____ <i>Year</i>	<i>*A Leave of Absence may not exceed one calendar year (three terms). Remember to formally withdraw from all courses the semester you are on leave.</i>

PLEASE NOTE: For a full explanation of the policy regarding leaves of absence, please see the Policy on Continuous Enrollment in *The Graduate School Bulletin*.

I understand that a leave of absence **does not** extend the time allowed for completion of the degree and wish to apply for a leave of absence from the above degree program for the following reason(s):

Student Signature: _____ Date _____

Department Head or
Director of Graduate Study: _____ Date _____

Approved: _____ Date _____
Dean of The Graduate School or Designee

For Office Use Only: Reactivate for _____ with Admission Status GA or GC (as shown in SGASTDN)
Term circle one