

REQUEST FOR LEAVE OF ABSENCE

Name _____
Last First MI Student LD. #

Email _____ Department _____

Date Entered _____ Expected Graduation Date: _____ Advanced to Candidacy _____

Leave will begin _____ Return from leave _____
Quarter Year Quarter Year

Reason for requesting Leave of Absence: _____

I understand that:

1. A Leave of Absence is granted for sound educational reasons, health reasons, financial problems, or family responsibilities and is valid for no more than one year, but may be extended if there is sufficient justification.
2. The use of University faculties is not permitted while on leave.
3. All financial aid (GSA, TA, Fellowship) terminates on the effective date of this leave.
4. Any University employment, staff or academic, must be reported to Graduate Studies.
5. Readmission is contingent upon any conditions set by your Department or the Graduate Dean.
6. Readmission will automatically be effective for the quarter of return you have indicated, provided that your total leave time is three quarters or less. The Registrar's Office will mail you a registration bill at the address listed in AIS.
7. Students who are advanced to candidacy and take a leave of absence forfeit eligibility for any future In-Candidacy Fee Offset Grant (ICFOG).
8. Students who fail to reestablish contact with their department within thirty days following the expiration of an approved Leave will be administratively withdrawn from the University.

Date _____ Signature _____

REVIEW (Conditions for readmission, if any):

_____	_____
Date	Adviser
_____	_____
Date	Department Chair
_____	_____
Date	Department Assistant
_____	_____
Date	International Student Services (foreign graduate students only)
_____	_____
Date	Dean of Graduate Studies