

Student's Name _____ PID# _____
 Address _____ Phone # _____

Period of leave requested: _____ through _____ Have you received previous leaves: ___ no
(month/year) (month/year) ___ yes

Section I - to be completed by student. Please explain the need for a leave of absence from graduate study.

(attach additional sheets as necessary)

Section II - to be completed by the student's academic advisor. Please indicate why you support or do not support this request.

Request approved: _____ Not approved: _____
Academic Advisor Date Academic Advisor Date
 (attach additional sheets as necessary)

Program Director Action: ___ approved _____ **Date:** _____
Program Director Signature
 ___ not approved