



LEAVE OF ABSENCE APPLICATION

School/Department: _____ Date: _____

Student's Name: _____ Student ID Number: _____

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

Email: _____ Phone Number: _____

Degree: _____ Major: _____

First semester registered: _____ Term _____ Year _____	Last semester registered: _____ Term _____ Year _____
Semesters on leave* _____ Term _____ Year _____	Through _____ Term _____ Year _____
Semester to return: _____ Term _____ Year _____	<i>* A Leave of Absence may not exceed one calendar year (three terms). Summer session counts as one semester/term</i>

- A leave of absence does not extend the time allowed for completion of the degree.
- **I understand that I am responsible for properly withdrawing from any active courses.**
- International Students should contact the International Programs Center prior to completion of form.

I 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: _____
Vice Provost and Dean of The Graduate School

For Office Use Only: Reactive for: _____ with Admission Status GA or GC (as shown in SGASTDN)

I/O/F _____ Catalog _____ Program Code _____

Major _____ Conc. _____