



270 Mossman Building  
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**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  
Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice Provost and Dean of The Graduate School