

**Form I-F**

**LEAVE OF ABSENCE APPLICATION**

\_\_\_\_\_  
(Name) Banner ID# \_\_\_\_\_

\_\_\_\_\_  
(Address)

wishes to apply for a leave of absence from in \_\_\_\_\_ degree program.

I understand that a leave of absence does not extend the time allowed for completion of the degree.

First semester registered \_\_\_\_\_

Last semester registered \_\_\_\_\_

leave Semester(s) on \_\_\_\_\_

Semester to return \_\_\_\_\_

\*Attach to this form an explanation of the reason for your request. (Remember to formally withdraw from all courses if your leave starts during a semester that has not ended, and that you do not intend to complete.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
I approve this request:

\_\_\_\_\_  
Dean/Chair of the Department Date: \_\_\_\_\_

\_\_\_\_\_  
Dean, School of Graduate Studies Date: \_\_\_\_\_

**PLEASE NOTE:**

For a full explanation of the policy regarding leaves of absence, please see the Policy on Continuous Enrollment in *Graduate Catalog*.