



Leave of Absence Request Form

Student name: _____

RUID: _____

Program: _____

Initial semester of enrollment in current program: _____

Reason for requested leave (briefly describe): _____

Anticipated duration of leave (# of semesters): _____

Documentation is required for leave requested for medical, family or dependent care, and military service. Please attach the required documentation to this form. See Leave of Absence Policy for more information.

Graduate Program Director's Signature: _____ Date: _____

I have reviewed this form with my Graduate Program Director. We have discussed the impact of this leave on my academic progress, and I understand that this can delay my anticipated graduation date. I also understand that I am required to register for Matriculation Continued during the duration of my leave of absence.

Student's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____