

## Petition for a Leave of Absence

Name		SIS ID Number	
Email	Phone	Dept	_
Academic Policy on Leave of Absence fro	m Graduate Study		
extended for another two semesters. The semesters. A leave of absence does not	e maximum amoun extend the maximu	nesters. In exceptional circumstances, a leave can be nt of leave permitted per graduate program is four am time permitted for the completion of degree are on extension of the five-year time limit.	ā
, , , , , , , , , , , , , , , , , , , ,		vard the five-year time limit for degree completion. or military leave of absence may not exceed two year	S.
If requesting a medical leave of absence,	please provide add	litional documentation from your health care provide	r.
I am requesting a:			
☐ Leave of Absence	☐ Mi	ilitary Leave of Absence	
☐ Maternity/Paternity Leave of	Absence	edical Leave of Absence	
through:			
$\square$ Fall of $\square$ Spring o	of St	ummer of	
		ason for the leave of absence if not requesting a at legibly). You may attach a typed statement if you	
Signatures			
Student		Date	
Faculty Advisor		Date	
Department Chair		Date	
International Student Services	Only if you are an inte	cernational student Date	
School of Graduate Studies		Date	