

**PORTLAND STATE UNIVERSITY  
DEPARTMENT OF CURRICULUM AND INSTRUCTION**

**PETITION FOR LEAVE OF ABSENCE**

A student, who must interrupt his/her plan of study due to circumstances beyond his/her control, must petition for a leave of absence with the department. The student may petition for a leave of absence for up to one year, provided that the student furnishes documentation supporting the request. The application for leave of absence must be approved by the Cohort Leader (GTEP), Program Coordinator, and Department Chair. The petition for leave of absence must be received by the last day to register for classes for the term in which the application is made. A leave of absence is granted to only those students in good standing and does not constitute a waiver of the time limit of the completion of the graduate degree/program at Portland State University. In addition, a leave of absence may severely disrupt the student's program of study due to program structure and course offerings. In extenuating circumstances, a student may petition for a second leave of absence for up to one additional year.

A student who must take a leave of absence beyond the time limit or a petition that has not been approved by the department must file for "Program Withdraw" with the department to avoid negative marks on his/her record. The student must re-apply for admission to the department and university.

Student's Name: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: (          ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Requested Term(s) for Leave of Absence:     Fall     Winter     Spring     Summer \_\_\_\_\_  
(Check All Terms Affected) Year

Term Expected to Return:     Fall     Winter     Spring     Summer \_\_\_\_\_  
Year

Reason for Request: (Attach Documentation As Appropriate)  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I verify that this petition for leave of absence is based on factual circumstances beyond my control, and that I fully acknowledge and understand possible disruptions on my program of study due to my absence from the program.

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

**Office Use Only:**

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	Date _____
	Cohort Leader (GTEP)	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	Date _____
	Program Coordinator	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	Date _____
	Chair	

Comments: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Date Student Notified: \_\_\_\_\_