



# GRADUATE ACADEMIC LEAVE/WITHDRAWAL APPLICATION

Use this form to apply for a leave of absence or to withdraw completely from your graduate degree program. A one or two semester leave of absence may be granted for professional or personal reasons. A student may take, with her/his department's support, more than one leave of absence during her/his program. Students who fail to return on time from a leave of absence, and those who withdraw completely, must apply for reinstatement.

An official leave of absence may be granted for medical reasons, deployment, or care of a family member. Please contact the Graduate Studies Office for more details.

If you use this form to withdraw completely, you must complete the reinstatement form (<http://www.fredonia.edu/gradstudies/forms.asp>) should you decide to return to your degree program. Contact the Graduate Studies Office with any questions.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Fredonia ID \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I wish to apply for:  Graduate Academic Leave  
 Withdrawal

Degree Program \_\_\_\_\_

Last date you attended classes \_\_\_\_\_  Did not attend class

If applying for a **Graduate Academic Leave**, please indicate the semester(s) you intend to be on leave:

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Reason:  
(indicate year) (indicate year)

I intend to return: \_\_\_\_\_  
(indicate semester and year)

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

I support this application for leave of absence: \_\_\_\_\_  
**Advisor**

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## APPROVALS

Department Chairperson \_\_\_\_\_

Dean of the College of Education (if applicable) \_\_\_\_\_

I approve the requested leave: \_\_\_\_\_  
**Associate Vice President for Graduate Studies**

**Copies:**  
Academic Dept.  
Financial Aid  
Graduate Studies Office  
Student  
File