



# MARQUETTE UNIVERSITY GRADUATE SCHOOL REQUEST FOR A LEAVE OF ABSENCE

This form is to be used by graduate students requesting a leave of absence from their graduate studies. Students are urged to be extremely cautious in requesting a leave of absence. During the leave period, students become inactive and will not have enrollment status for purposes of health insurance and loan deferment, nor will they have access to campus libraries, computer services and recreational centers.

The time taken during an approved leave of absence will not be included as part of the student's six years to completion for their master's or doctoral programs. If the student received loans that are being deferred, the student will lose deferment status while on leave.

There is no guarantee that a request will be granted.

If the student wants to be considered for tuition scholarships or graduate assistantships upon their return, it is the student's responsibility to apply for financial aid by the appropriate competition deadline. Original signatures are required.

## STUDENT INFORMATION

Name:  MUID:

Program:  Degree:

Adviser:

Dates requested for leave of absence: From:  To:

I am currently receiving an assistantship / scholarship / fellowship from Marquette University's Graduate School:  Yes  No

Student Signature:  Date:

Please use this space to explain why a leave of absence is being requested:

## DEPARTMENTAL AND GRADUATE SCHOOL APPROVAL

Do you approve the student's request for a leave of absence?

Adviser Signature:  Date:   Yes  No

DGS or Chair Signature:  Date:   Yes  No

Graduate School Signature:  Date:   Yes  No

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

