

Leave of Absence

Unless a leave of absence has been approved in advance by the Graduate Division, a student who fails to maintain continuous enrollment (excluding summer session) is considered withdrawn from the university. Students on approved leave do not pay tuition or fees. Students who will be consulting university faculty or using university facilities or staff services should not request leave.

Length of Leave Allowed

Each student is allowed up to one year of leave. A student may take one additional year of leave for maternity or to care for an ill family member.

Time on approved leave is not counted against time allowed for the completion of graduate programs. However, leave will not be granted simply to avoid the seven-year limit.

Who May Apply

To apply for leave, a student must be enrolled currently, be in good academic standing, and have completed at least a semester of course work relevant to degree objective.

How to Apply

Students who wish to petition for leave need to file a Petition for Leave of Absence with the Graduate Records Office.

Students who must maintain full-time enrollment due to their status as international students, guaranteed loan recipients, East-West Center grantees, or veterans need to obtain approval from the respective offices before petitioning for leave.

Returning from Leave

Students who wish to return sooner from an approved leave should contact the Graduate Records Office by the deadlines indicated below:

Semester of Return	Deadline
Summer Session	March 1
Fall Semester	April 1
Spring Semester	October 1

Students who do not return from leave by the specified date of return will need to apply for readmission through Graduate Admissions Office. Students who are readmitted will be subject to the degree requirements in effect at the time of readmission.

UNIVERSITY OF HAWAII AT MĀNOA

Graduate Division
Student Academic Services
Records Office

Petition for Leave of Absence

Part I. To be completed by the student

Name _____ UH ID No. _____
LAST, FIRST, M.I.

Graduate Program _____ Degree Objective _____
INCLUDE SPECIALIZATION IF APPLICABLE.

Mailing Address _____
STREET APT. NO. CITY STATE ZIP CODE

Semester(s) of Leave _____ & _____ Semester of Return _____
TERM & YEAR TERM & YEAR TERM & YEAR

Reason for Leave Personal Maternity Care for ill family member
Previous Leave (if any) _____ & _____
TERM & YEAR TERM & YEAR

I certify that I have read and understand the policies and instructions for this form.

Signature of Student _____ Date _____

Obtain approval signatures from the following offices, if applicable:

International Student Services _____ Date _____

Financial Aid Services _____ Date _____

East-West Center _____ Date _____

Veteran Affairs Services _____ Date _____

Part II. To be completed by the graduate chair

Approved Not Approved _____
REASON FOR DISAPPROVAL

I certify that this petition is in compliance with the policies and instructions for this form.

Signature of Graduate Chair _____ Date _____

GRADUATE DIVISION ACTION
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By _____ Date _____
Remarks _____

C: Graduate Program / Student / Other offices listed above as applicable

2540 Maile Way, Spalding Hall 352, Honolulu, Hawai'i 96822
Telephone: (808) 956-8500

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