



Request for a Leave of Absence

Please complete this form very carefully, and consult the relevant sections in the Handbook.

Name _____ EmplID _____

Program _____ Email _____

I am an international student. Phone _____ Alternate Phone _____

The Requested Leave

This is my first leave of absence. *If this is not your first leave, please include a separate document detailing your earlier leave. Students are limited to two one-year leaves of absence.*

Starting _____ *Indicate either a date or the semester and year your leave is to begin.*

If you are applying for this leave in the middle of a semester, you must also complete a withdrawal form.

I plan to return at the start of _____ *Indicate semester and calendar year – eg, Fall 2010.*

I understand how my leave of absence will affect my health insurance coverage and my time to degree.

I have discussed the reasons for my leave and my plans for returning with my advisor or my DGS.

I understand that to return to my program I need to apply for readmission. At least 30 days before my planned re-enrollment, I will contact the Laney Graduate School and apply for readmission.

Signature _____ Date _____

Program DGS / Director Approval Name _____

Signature _____ Date _____

For students in the GDBBS and the GDR:

Division Director Approval Name _____

Signature _____ Date _____

This form must be submitted in person at the Laney Graduate School, by the DGS, Program Admin, or student.

Laney Graduate School Processing

Received Signature _____ Date _____

LGS Registrar

First Routing (initial and pass on)
_____ SAH for document assembly

_____ VA for review

_____ SAH to prepare letter

_____ LAT for signature

Second Routing, copy letter to (initial and pass on)
_____ SAH mails signed letter, routes copies

_____ student file and TH for action in OPUS/refile

_____ to TCK or CB if student funding is affected

_____ to program/department

_____ to ISSP (if applicable)

_____ to VA for follow-up