



Petition for Leave of Absence (THM/PHD Students)

Student's Name _____ Student ID: _____ Date _____

Leave of Absence requested for the period of: _____
(Must state specific semester(s) of year)

My anticipated date/semester of return is (be specific): _____

I desire this status because of the following reason(s):

My plan for the current semester's classes is as follows:

I have discussed this matter either face to face, by phone or email, with my advisor, the Dean of Student Services, and **any lenders who may be affected**. My signature below indicates that I understand that my leave of absence constitutes an “inactive student status” for the above specified period. If I have outstanding Federal Student Loans, I also understand that I am responsible for notifying the lending agency of my leave status and that I will be responsible for any payments requested by the lender.

I understand that if I do not register for courses at the end of the above period I will be considered to have withdrawn, and will need to re-apply for admission in order to return.

My forwarding address will be:

I shall follow through in securing the signatures of those listed, and then will return this form to the Registrar for transmittal and action by the Dean prior to my departure from campus.

(Signature)

Date: _____

Revised: 10/2/17



Petition for Leave of Absence (THM/PHD Students)

Student's Name: _____ Date: _____

The above named student has petitioned for Leave of Absence status for the period stated. Your signature below will indicate that the records warrant such action, that outstanding debts have been paid or negotiated, and that in your opinion, the reasons stated are acceptable.

N.B. International students must see the Director for International Student Affairs & relevant degree program directors. Students with guaranteed loans (GSL) must see the Director of Financial Aid.

⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖

Signature of Approval

Date

Advisor

Director of Financial Aid

Dean of Student Services

Director of International Student Affairs

Housing Director

Library

Director of Enrollment Management & Registrar

⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖

Action by Director of Advanced Studies: Approved: Denied:

Comments:

Signature: _____

_____ Date

⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖ ⊖

Copies to: _____ by _____ on _____
Revised: 10/217