

Revised 3/6/2024



LEAVE OF ABSENCE REQUEST FOR DOCTORAL STUDENTS

Doctoral students may apply for a leave of absence extension. The total time for a leave of absence may not exceed one year throughout the degree program. Students must currently be on an approved Leave of Absence in order to request an extension. Under no circumstance may a leave of absence be applied retroactively.

STUDENT INFORMATION					
Name		myUTSA IE	myUTSA ID		
Street Address City		State Z		Zip Code	
Email Address		Phone Num	ber		
Degree/Program	College				
Date Admitted to Program:(Semeste	er/Year)				
International Student? Yes NOTE: International students must inform Int		leave of absence	ce.		
REQUEST LEAVE OF ABSENCE	E TO BE EXTENDED				
* Please attach a letter specifying why you	need an extension for your curre	ent leave of abs	sence.		
Original Request:	to				
Request Extension:	to				
Plan to Return:					
Student Signature		Date			
APPROVALS					
			 Date	Approve Disapprove	
Dissertation Studies Committee Chair or Doct	toral Advisor, Signature Print Nam	e			
Program Director (if applicable), Signature	Print Name		- Date	Approve Disapprove	
	_			Approve Disapprove	
Department Chair, Signature	Print Name		Date		
Associate Dean, Signature	Print Name		 Date	Approve	
THE GRADUATE SCHOOL					
Based on the College's recommendation, I he	ereby	Deny the reque	st.		
Vice Provost and Dean of The Graduate Scho	pol, Signature	Date			