



## 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 ID	
Street Address City	State	Zi	p Code
Email Address		Phone Number	
Degree/Program	College		
Date Admitted to Program:  (Semesting International Student? Yes NOTE: International students must inform International Students must inform International Students Model (Semesting Note).	No	ave of absence.	
REQUEST LEAVE OF ABSENCE	E TO BE EXTENDED		
* Please attach a letter specifying why you	need an extension for your current	t leave of absence.	
Original Request:	to		
Request Extension:	to		
Plan to Return:			
Student Signature		Date	<u> </u>
APPROVALS			
Dissertation Studies Committee Chair or Doctoral Advisor, Signature Print Name		 Date	Approve Disapprove
	, <b>,</b>		Approve Disapprove
Program Director (if applicable), Signature	Print Name	Date	
Department Chair, Signature	Print Name		Approve Disapprove
Associate Dean, Signature	Print Name		Approve Disapprove
THE GRADUATE SCHOOL			
Based on the College's recommendation, I he	ereby Approve De	eny the request.	