



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.

Name		muliTCA ID	
Name		myUTSA ID	
Street Address City	State		Zip Code
Email Address		Phone Number	
Degree/Program	College		
·	ster/Year)		
International Student? Yes NOTE: International students must inform In	No nternational Programs office prior to le	ave of absence.	
REQUEST LEAVE OF ABSENC	E TO BE EXTENDED		
* Please attach a letter specifying why yo	u need an extension for your curren	t leave of absence.	
Original Request:	_to		
Request Extension:	to		
Plan to Return:			
Student Signature		Date	
APPROVALS			
			Approve Disapprove
Dissertation Studies Committee Chair or Do	ctoral Advisor, Signature Print Name	Date	
			Approve Disapprove
Dissertation Studies Committee Chair or Do Program Director (if applicable), Signature	ctoral Advisor, Signature Print Name Print Name	Date Date	Approve Disapprove
Program Director (if applicable), Signature	Print Name	Date	Approve Disapprove
			Approve Disapprove
Program Director (if applicable), Signature	Print Name	Date	Approve Disapprove
Program Director (if applicable), Signature	Print Name	Date	Approve Disapprove
Program Director (if applicable), Signature Department Chair, Signature	Print Name Print Name	Date Date	Approve Disapprove