



LEAVE OF ABSENCE REQUEST

Students enrolled in a doctoral program may apply for a leave of absence each term (Fall, Spring or Summer), not to exceed one year, when events such as illness or injury, active military service, or the need to provide care for a family member prevent active participation in the degree program. Per the university's continuous doctoral enrollment policy, under no circumstances may a leave of absence be applied retroactively. No degree examinations may be taken and no research may be conducted while a student is on a leave of absence.

A leave of absence will prevent the student from receiving student funding from his or her program and may affect ability to receive financial aid or loans and/or to defer payments on loans. Students should contact the Office of Financial Aid with questions regarding financial aid or loan status.

A student returning from a leave of absence must enroll for the semester approved or provide a written request for a leave of absence extension (a leave of absence may not exceed one year throughout the student's degree program). A student who does not register or who does not secure an approved leave of absence extension will be considered to have withdrawn and will be dropped from the program. A student may not return to the University without applying for readmission to the graduate program and must pay the Graduate School application fee.

Submission:

Fill out form, secure appropriate signatures from the Graduate Advisor and the Graduate Associate Dean of the College, and submit the original signed form to your college along with the following required documentation:

- Student letter requesting Leave of Absence
- Supporting letters (if applicable)

STUDENT INFORMATION

Student Name

Banner ID

Program

College

International Student? ☐ Yes ☐ No

NOTE: International students must inform the International Services Office prior to leave of absence.

Semester and Year Admitted to Program:

Have you previously been granted a leave of absence at UTSA? ☐ Yes ☐ No

If yes, dates: _____ to _____

LEAVE OF ABSENCE PERIOD REQUESTED

***Please attach a letter detailing your reason for requesting leave.**

Leave of Absence Requested: _____

Plan to return: _____

Please use **semester/year** format in these fields. Ex: Fall 2026

Ex: Spring 2027

Date: _____

Student Signature

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APPROVALS

_____ <i>Graduate Advisor of Record, Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Department Chair, Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Associate Dean, Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>

THE GRADUATE SCHOOL

_____ <i>Vice Provost and Dean of The Graduate School, Signature</i>	_____ <i>Date</i>
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