



## LEAVE OF ABSENCE EXTENSION 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

Student Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Degree Program \_\_\_\_\_ College \_\_\_\_\_

Date Admitted to Program: \_\_\_\_\_  
(Semester/Year)

International Student?  Yes  No

**NOTE:** International students must inform International Programs office prior to leave of absence.

### REQUEST LEAVE OF ABSENCE TO BE EXTENDED

\* Please attach a letter specifying why you need an extension for your current leave of absence.

Original Request: \_\_\_\_\_ to \_\_\_\_\_ Request Extension: \_\_\_\_\_

Plan to Return: \_\_\_\_\_ Please use **semester/year** format in these fields.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPROVALS

Graduate Advisor of Record, Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Program Director (if applicable), Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Department Chair, Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

Associate Dean, Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  Approve  Disapprove

### THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby  Approve  Deny the request

Vice Provost and Dean of The Graduate School, Signature \_\_\_\_\_ Date \_\_\_\_\_