



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 Name		Banner ID	
Degree Program	College		
Date Admitted to Program:			
·	er/Year)		
International Student? Yes International students must inform International Students must inform International Students		eave of absence.	
REQUEST LEAVE OF ABSENCE	E TO BE EXTENDED		
* Please attach a letter specifying why you	need an extension for your curren	t leave of absence.	
Original Request:			
Request Extension:	to		
Plan to Return:			
Student Signature		Date	
APPROVALS			
			Approve Disapprov
		Date	
Graduate Advisor of Record, Signature	Print Name	Date	
Graduate Advisor of Record, Signature Program Director (if applicable), Signature	Print Name Print Name		Approve Disapprov
Program Director (if applicable), Signature	Print Name	Date	Approve Disapprov
			Approve Disapprov
Program Director (if applicable), Signature	Print Name	Date	
Program Director (if applicable), Signature Department Chair, Signature	Print Name Print Name	Date Date	Approve 🗌 Disapprov