

REQUEST FOR EXTENSION OF LEAVE OF ABSENCE

TYPE OR PRINT

Mr/Ms: _____ / /
Student Last Name, First, Middle ID Number

MAILING ADDRESS (where you wish registration materials to be sent at termination of Leave):

RA672						
Street						
RA673						
City						
RA674	RA676	RA677	Area	RA675		
State	Zip	Phone		Country (if not U.S.)		

Department _____ Major _____ Degree Objective: _____

Original Leave Began _____ Quarter, 19 _____

Last Quarter Registered _____ Scheduled to Return _____ Quarter, 19 _____

and Extended, again to (if applicable) _____ Quarter, 19 _____

Request an Extension of Leave and plan to return _____ Quarter, 19 _____

Reason(s) for this request: (be specific and attach an additional sheet if necessary)

Are you a United States Citizen? _____. Non-Immigrant foreign students are required to discuss with a counselor in the Office of International Students and Scholars (695 Charles E. Young Drive South) the implications of Leaves of Absence on their visa statuses.

Visa discussion completed: _____
Signature of OISS Counselor Date

I have read the regulations on the reverse side of this form and agree to abide by them:

Signature of Student _____ Date _____ Birthdate _____

Recommendation of Doctoral Committee Chairperson:
This student is recommended for a Leave of Absence. In particular, I certify that it is not anticipated that the student will use more than 12 hours combined, of university facilities and faculty time during the period of Leave.

Approved _____ Denied _____
Signature, Doctoral Committee Chairperson Date

Department Recommendation:
Approved _____ Denied _____
Signature, Department Chair or Authorized Department Advisor Date

(For Graduate Division Use Only)

Approved _____ Denied _____
Dean, Graduate Division Date

*A doctoral student with an approved committee must obtain the recommendation of the Committee Chair.