REQUEST FOR LEAVE OF ABSENCE

TO: _____
Name of School/College

FROM: _____ _____
Student's Name Student Number

DATE: _____

I am requesting a leave of absence for Fall / Spring / Summer _____.

I understand that there is a time limit for the completion of the degree, and I verify that the degree requirements will be completed within the time limit prescribed.

The reason for this request is _____

_____

_____

_____

_____

APPROVED:

_____ _____
Advisor Date

_____ _____
Program Chair Date

_____ _____
Dean Date

_____ _____
Campus Graduate Dean Date