

Application for Leave of Absence

Last Name:			
First Name:			
Student ID:			
Email Address:			
Graduate Program:			
Degree Plan:	MS non-thesis	MS thesis	PhD
Semester of entry in	to program:		
Name of advisor if a	lready selected:		
Semester for the lea	ve of absence:		
Reasons for the leav	e of absence:		
Medical (pro	vide letter from healthcar	e professional)	
Work-related	d (provide employer's lette	er)	
Other			
Describe:			
Detailed plan on how	w the student will make u	p for the lost time (research,	coursework and/or other

requirements):