

APPENDIX B6
University of Houston – Graduate College
of Social Work Ph.D. Program

PH.D. PROGRAM FORM F
STUDENT REQUEST TO TAKE A LEAVE OF ABSENCE

TO: The Ph.D. Program Associate Dean

FROM: STUDENT NAME (Print)

DATE

I am formally requesting permission to take a leave of absence from the Doctoral Program for the following semester:

- SEMESTER YEAR

I will return to the Doctoral Program:

- SEMESTER YEAR

REASON FOR THIS LEAVE REQUEST:

STUDENT SIGNATURE DATE

FOR PH.D. PROGRAM OFFICE USE ONLY:

- Approved
- Not approved

PH.D. PROGRAM ASSOCIATE DIRECTOR DATE