



**APPLICATION FOR
TEMPORARY LEAVE OF
ABSENCE**

Must be submitted to the Graduate School by the last day to pay fees in the requested semester of leave.

Name: _____ Date: _____

UA ID#: _____ Email: _____

Address where you can be reached while on leave: _____

Preferred Phone number: _____

Degree: _____ Program: _____ Last semester enrolled at UAA: _____

Note: All graduate students must be registered for at least one graduate credit per academic semester as appropriate for their program to maintain enrolled status unless they are on an approved leave of absence.

For the following reasons, I request a temporary leave of absence from my graduate studies: _____

I will not be registered during the semester(s) indicated:	Fall 20____	Spring 20____	Summer 20____
I plan to return* to my studies:	Fall 20____	Spring 20____	Summer 20____

*If you fail to register in the semester indicated or fail to extend your leave, you may be removed from graduate degree-seeking status.

**International Students must consult with the International Student Advisor prior to submitting the Leave of Absence Form to the Graduate School.

Print Name:

Signature:

Date:

Student:		
Graduate Advisor:		
International Student Advisor: (See ** above)		
Program Chair/Director:		
College Dean:		
Graduate School Dean: Dr. Helena S. Wisniewski		

