Text

Description automatically generated

Request for Temporary

Leave of Absence

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| --- | --- | --- | --- | --- |
| STUDENT NAME | | | | STUDENT ID |
| EMAIL | | | | PHONE NUMBER |
| ADDRESS | | | | |
| DEGREE (M.S., M.A., PhD) | PROGRAM | | | CONCENTRATION (if applicable) |
| LAST SEMESTER ENROLLED AT UAA | | | | |
| For the following reason(s), I request a temporary leave of absence from my graduate studies: (Drop down box)  Justification: | | | | |
| I will **not** be enrolled during the semesters indicated: | | | Fall 20 Spring 20 Summer 20 | |
| I plan to return to my studies\*: | | | Fall 20 Spring 20 Summer 20 | |
| \*Approved Leave of Absences may extend to up to one year. If you fail to enroll in the semester indicated or extend your leave without submitting a new Leave of Absence Form, you must request reinstatement into your graduate program. | | | | |
|  | | | | |
| Student Signature Printed Name and Date | | | | |
| **APPROVED BY** | | | | |
|  | | | | |
| Graduate Faculty Advisor Signature Printed Name and Date | | | | |
|  | | | | |
| Department Chair/Director Signature Printed Name and Date | | | | |
|  | | | | |
| College Dean Signature Printed Name and Date | | | | |
| **International Students must consult with the International Student Advisor prior to submitting this form.** | | | | |
|  | | | | |
| International Student Advisor Signature Printed Name and Date | | | | |
| **THIS SECTION COMPLETED BY THE GRADUATE SCHOOL** | | | | |
|  | | | | |
| Graduate School Dean Signature Printed Name and Date | | | | |
| Approved Not Approved | | Notes: | | |