

 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: |
| 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  |
| \* If you fail to register in the semester indicated or extend your leave without submitting a new Leave of Absence Form, it will be necessary for you to request reinstatement into your graduate program. |
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| Student Signature Printed Name and Date |
| **APPROVED BY** |
|  |
|  Graduate Faculty Advisor Printed Name and Date |
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| Department Chair/Director Printed Name and Date  |
|  |
| College Dean Printed Name and Date  |
| **International Students must consult with the International Student Advisor prior to submitting this form.** |
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| International Student Advisor Signature Printed Name and Date |
| **THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL** |
|  |
| Graduate School Dean’s Signature Printed Name and Date  |
| \_\_\_\_ Approved\_\_\_\_ Not Approved | Notes: |