



Temporary Leave of Absence

NAME		STUDENT ID
EMAIL		PHONE NUMBER
ADDRESS (where you can be reached while on leave)		
DEGREE (M.S., M.A., PhD etc.)	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 registered 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.

Student Signature	Date
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Approved By

Member Signature	Printed Name and Date
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Member Signature	Printed Name and Date
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Member or Co-Chair Signature (please choose)	Printed Name and Date
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Committee Chair or Co-Chair Signature (please choose)	Printed Name and Date
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Department Chair Signature	Printed Name and Date
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College/School Dean Signature	Printed Name and Date
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International Students should consult with the International Student Advisor prior to submitting this form.

International Student Advisor Signature	Printed Name and Date
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THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL

Graduate School Dean's Signature	Printed Name and Date
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<input type="checkbox"/> Approve <input type="checkbox"/> Disapproved	Notes:
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