

Leave of Absence

Leaves are granted for a maximum of one year at a time, renewable upon request for the second year. In order to request a leave, the student must be currently registered or registered during the previous semester; students who are admitted but never registered are not eligible for leaves. Part-time students may request to go on an official leave of absence for up to one year (two semesters: Fall and Spring) of no enrollment.

Students planning to return from leaves of absence are required to complete a readmission request form and should submit it to their departments three months in advance of the enrollment. **All students** should be aware that if they take a leave of absence they are stating that they will not be doing any work towards their degree or consulting with faculty, and that they will lose student status privileges and may be required to pay back student loans. **International Students:** you **must** speak to an *International Student Advisor* to discuss your immigration status before taking a leave of absence. Approval of an academic leave by the Graduate School does **not** excuse the U.S. Immigration requirement for full-time registration for each semester. By signing below, you certify that you understand the implications of this leave of absence on your immigration status in the United States.

Last Name (Current Name on SB Records)	First Name	Student I.D. No. (not Social Security #)
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered NO to both questions, indicate your immigration status:	
Are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check appropriate items below:		
<input type="checkbox"/> New request for leave of absence for current semester		
<input type="checkbox"/> New request for leave of absence for next semester		
<input type="checkbox"/> Renewal of a leave of absence; previous semester on leave		

I request a leave of absence for the following semester(s): Fall _____ Winter _____ Spring _____ Summer _____

Reason (attach document if additional space is needed):

Student Signature _____ Date _____

Graduate Program Director or Chair Signature: _____ **Date** _____

International Student Advisor Signature: _____ **Date** _____

For Graduate School Use Only:

Denied & Reason: _____ **Date:** _____

Approved & Processed: _____ **Date:** _____

Approved w/ Special Conditions & Processed: _____ **Date:** _____