



Graduate Student Request for Leave of Absence

The University of Utah • Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT • 84112 • 801-585-7860 fax

Instructions:

1. Drop/withdraw from the class(es) for the semester that you are requesting a leave of absence.
2. Complete the Graduate Student Request for Leave of Absence. If you are an international student on an F1 or J1 visa, please contact the International Center about requesting a leave (801) 581-8876 or 410 Union.
3. Obtain appropriate signatures.
 - If your program requires a supervisory committee, obtain the Chair of the Supervisory Committee **and** Department Chair signature.
 - If your program does not require a supervisory committee, obtain the Director of Graduate Studies **or** Department Chair signature.
4. Submit this form on or before the last day of regular term classes for the semester the leave of absence is requested. A leave of absence may be granted for a maximum of one year. Retroactive leave of absences are not granted.

Note: A student who chooses to drop his/her class(es) should first determine the impact, if any, on insurance coverage, financial aid awards, loan repayments, residential living, etc., which may require evidence on the academic record of course completions and/or enrollments.

It is your responsibility to register for the semester following this leave of absence. If you need to extend this leave of absence, a new form including the signatures must be submitted to our office. If you do not register for the term indicated below, you must readmit through the Graduate Admissions Office.

Please check one: Domestic Student International Student

Student Name: _____ Student ID #: _____

Academic Department: _____

I am requesting a leave of absence beginning: (circle one) Fall Spring Summer Year: _____

I will return: (circle one) Fall Spring Summer Year: _____

Reason for leave of absence: _____

Approval Signatures:

Chair of Supervisory Committee (clearly print name and sign)	Date
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Department Chair or Director of Graduate Studies (clearly print name and sign)	Date
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I understand that forms submitted without complete information or appropriate signatures will not be considered.

Student Signature	Date
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FOR REGISTRAR'S OFFICE USE ONLY

Comments: _____

Entered: _____ Verified: _____