Leave of Absence Request

Absence Information

Student Name: 

Student Number: 

Department: 

Major Professor: 

Type of Absence Requested:

☐ Sick ☐ Vacation ☐ Bereavement ☐ Research activities

☐ Military ☐ Employment ☐ Maternity/Paternity ☐ Other

Dates of Absence: From: 

To: 

Reason for Absence:

________________________________________________________________________

Student Signature Date

Department Approval

☐ Approved 

☐ Rejected

Comments:

________________________________________________________________________

Committee Chair Date

Ph.D. Coordinator Date

Department Chair Date