

GRADUATE LEAVE OF ABSENCE FORM

Name:		Address:
V-number <u>:</u>		
WOU Email address:	= 0.11= 11 W. I	
Phone:	□ Cell□ Home □ Work	
Anticipated term you will retu Reason for Requesting Leave of Family Obligations Finance Hospitalization Maternity	ial □ Health (Medical/Mental) r□ Military □ Work	
•••••••••••	Leave of Absence I	Information
a hiatus of a student's studie	· · · · · · · · · · · · · · · · · · ·	request a leave of absence. A leave of absence (LoA ered and are not engaged in any phase of research of absence:
• provides a guarantee that a	a student will be allowed to return	n to the graduate program at the agreed-upon time;
• exempts the student from	the minimum registration require	ment;
• does not constitute a waive completion of a course.	er of the time limit for completion	of a graduate program nor the one-year limit for
_	leave of absence, but all leaves co	kimum of three terms (excluding summer). Students ombined cannot exceed six terms. A student with an
• register for any courseworl	<	
• engage in any phase of reso	earch or aspects of an exam, proje	ect, thesis, or exit requirement
• engage in any activities that	t require faculty time or use of un	niversity resources
It is the student's responsibil campus of their leave status	•	ourses as well as notify other appropriate offices on
	-	Graduate Programs no later than the Friday of the first ve of absence will not be approved retroactively.
Student's Signature:		Date:
Program Coordinator's Signatur	re:	Date:
APPROVED: Director of Gradua	te Student Success and Recruitment	t Date:
		Date:
	Only: □ BANNER □ College □ Fina	ancial Aid □ Registrar's

Created: May 17, 2023