

GRADUATE LEAVE OF ABSENCE FORM

Name: _____

Address: _____

V-number _____

WOU Email address: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

Term (s) for which you are requesting leave: _____

Anticipated term you will return to your program: _____ (re-enrollment required)

Academic Program: _____

Reason for Requesting Leave of Absence:

☐ Family Obligations ☐ Financial ☐ Health (Medical/Mental)☐ Hospitalization ☐ Maternity ☐ Military ☐ Work**Leave of Absence Information**

An admitted graduate student in good academic standing may request a leave of absence. A leave of absence (LoA) is a hiatus of a student's studies during which they are not registered and engaged in any research phase or aspects of an exam, project, thesis, or dissertation. A leave of absence:

- provides guarantees that a student will be allowed to return to the graduate program at the agreed-upon time.
- exempts the student from the minimum registration requirement.
- does not constitute a waiver of the time limit for completion of a graduate program nor the one-year limit for completion of a course.

A leave of absence is granted for a specific period, up to a maximum of three terms (excluding summer). Students may request more than one leave of absence, but all leaves combined cannot exceed six terms. A student with an approved leave of absence cannot:

- register for any coursework
- engage in any phase of research or aspects of an exam, project, thesis, or exit requirement
- engage in any activities that require faculty time or use of university resources

It is the student's responsibility to drop or withdraw from all courses and notify other appropriate offices on the campus of their leave status (Financial Aid, etc.).

A completed leave of absence request must be submitted to Graduate Programs no later than the Friday of the first week of the term for which the leave should take effect. A leave of absence will not be approved retroactively.

Student's Signature: _____ Date: _____

Program Coordinator's Signature: _____ Date: _____

APPROVED: Director of Graduate Studies

Date: _____

Graduate Studies Office Use Only: ☐ BANNER ☐ College ☐ Financial Aid ☐ Registrar's