UCONN | THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

REQUEST FOR LEAVE OF ABSENCE FROM GRADUATE STUDIES

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____ NETID _____ PHONE _____

EMAIL _____

Do you have a graduate assistantship ☐ Yes ☐ No

Period of requested leave of absence _____ (Start) to _____ (End)

**period cannot extend beyond 12 months and dates must be specific (mm/dd/yyyy format).*

REASON FOR LEAVE OF ABSENCE

Reason: ☐ Personal ☐ Medical ☐ Military
Describe:

REQUIRED SIGNATURES

*By signing below, you affirm that the student will be allowed to return once qualifications for return have been verified by The Graduate School

MAJOR ADVISOR	ACTION	COMMENTS
Print Name: _____ Signature: _____	☐ Approve ☐ Disapprove	

DEPARTMENT OR PROGRAM HEAD	ACTION	COMMENTS
Print Name: _____ Signature: _____	☐ Approve ☐ Disapprove	

ACTION BY GRADUATE SCHOOL:

PERSON REVIEWING	DATE	ACTION TAKEN
Print Name: _____ Signature: _____		☐ Approve ☐ Disapprove

Note that requests for medical leave of absence must be accompanied by documentation from an appropriate health care provider.