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 ____________________ to ____________________
Start End

**period cannot extend beyond 12 months from date of request*

REASON FOR LEAVE OF ABSENCE

Reason: ☐ Personal ☐ Medical
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.

Revised 03/06/2014