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 _____
Starting Semester of Leave — Semester of Anticipated Return

**leave cannot extend beyond 2 semesters*

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	Leave Effective Dates	Action Taken and Date
Print Name: _____ Signature: _____	_____	◯ Approve _____ ◯ Disapprove _____