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| --- | --- |
|  | Request for Temporary Leave of Absence |

*Students are required to notify their account holder (if funded), major professor, and graduate advisor if they will be away from campus for more than five consecutive days by completing the Temporary Leave of Absence form. A student will be placed on leave without pay if he/she is away from campus for more than fourteen consecutive days. In the event that a student will be absent for an entire semester or longer, the Withdrawal/Leave of Absence form from the Office of the Registrar must be completed.*

**Name:**
**Student ID:**
 **Indicate the first day you will be off campus for the temporary leave:**

**Indicate the date you will return to campus from temporary leave:**

**Briefly state the reason for this Temporary Leave of Absence request:**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Approvals:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     , Account Holder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     , Major Professor

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     , Graduate Advisor     , Department Chair

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 J. Michael Mathis, Ph.D., Ed.D. Date