Graduate Student Leave of Absence Request Form

Section 1: Student Information
Name: ___________________________________________ Date: ________________
G Number: __________________________
Reason for leave of absence:
___ Medical
___ Family difficulties (e.g. family emergencies or deaths)
___ Military service
___ Other

Students: Please provide a letter with a brief explanation of the circumstances surrounding your request for a leave of absence. You may submit documentation to support your request.

Section 2: Length of Requested Leave of Absence
Leave/Withdraw in the semester of (enter year): Fall____ Winter____ Spring/Summer____
Expected Return/enrollment in the semester of: Fall____ Winter____ Spring/Summer____

Section 3: Graduate Program Director Recommendation
___ Approved   _____ Not Approved
Comments: ____________________________________________________________
Signed: ___________________________________________ Date: ______________
Graduate Program Director
Graduate Program

Section 4: Decision by the Graduate School
___ Decision and other Comments:
___ Please remain in contact with your Graduate Program Director, _____________, 616-331-XXXX or xxx@gvsu.edu, to ensure that you are correctly following the curriculum plan needed for successful completion of the program if you are returning to the program.

Signed: ___________________________________________ Date: ______________
Jeffrey A. Potteiger, Ph.D.
Dean, The Graduate School