

## **Graduate Student Leave of Absence Request Form**

Section 1: Student Information	
Name: D	ate:
G Number:	
GVSU Email:	
Graduate Program:	
Reason for leave of absence:  Medical Family difficulties (e.g. family emergencies) Military service	
Other:	
Students: Please provide a letter with a brief (200-250 word) explanation surrounding your request for a leave of absence. You may submit docume	
Section 2: Length of Requested Leave of Absence	
Begin Leave in the semester of (enter year): Fall 20 Winter 20	Spring/Summer 20
Return from Leave in the semester of (enter year): Fall 20 Winter 2	20 Spring/Summer 20
Section 3: Graduate Program Director Recommendation  Approved Not Approved	
Comments (attach a letter if more space is required):	
Signed:	Data
Graduate Program Director (Please Print):	
Section 4: Decision by the Graduate School	
Approved Not Approved	
Comments:	
Signed:	Date:
Jeffrey A. Potteiger, Ph.D. Associate Vice-Provost for the Graduate School	