

**Graduate Student Leave of Absence Request Form**

**Section 1: Student Information**

Name: Date:

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 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**

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 20\_\_\_\_ Spring/Summer 20\_\_\_\_

**Section 3: Graduate Program Director Recommendation**

\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

Graduate Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Decision by the Graduate School**

\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

Jeffrey A. Potteiger, Ph.D.
Dean, The Graduate School