



Graduate Student Leave of Absence Request Form

All petitions are fillable PDFs—no Adobe subscription needed; use the Adobe desktop app to access full features and sign digitally.

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 (200-250 word) explanation of the circumstances surrounding your request for a leave of absence. You may submit documentation to support your request.

Are you currently on a GVSU F-1 or J-1 international student status? ___ Yes ___ No

If so, this process may have implications on your status. Any questions should be directed to iStudents@gvsu.edu.

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 (attach a letter if more space is required):

Signed: _____ Date: _____

Graduate Program Director (Please Print): _____

Please email the electronic document for final review to: shumwayt@gvsu.edu

Section 4: Decision by The Graduate School

____ Approved _____ Not Approved

Comments: _____

Signed: _____ Date: _____