UNIVERSITY OF UTAH GRADUATE SCHOOL

Return completed form and 3 copies to:
Graduate Records Office
302 Park Building
201 South President's Circle
Salt Lake City, UT 84112

GRADUATE STUDENT
REQUEST FOR LEAVE OF ABSENCE

PLEASE PRINT OR TYPE

_____
Date

(a) Student Name_____UofU ID# _____

Address _____
Street City State Zip

Department _____

(b) Semester(s) for which leave of absence is requested: _____

_____

Expected date for next regular registration _____
Semester Year

(c) Approval Signtaures:

Chair of Supervisory Committee _____

Department Chair _____

Justification for leave of absence:

_____

_____

Instructions:

Student: Compete parts (a) and (b) of the form and obtain signatures from the chair of your supervisory committee and department.

If you are currently registered for classes in the semester for which you are requesting a Leave, you must withdraw from classes at the Registration Services Windows, 250 North Student Services Building.

It is your responsibility to either register for the next regular semester following this leave of absence, or request an extension of this leave in writing from your department. If you fail to register or request an extension, you will be required to be readmitted to the Graduate School before further registration can be initiated. Leaves are granted for a maximum of one year.

Retroactive leaves or absences are not granted.

Department: Complete ( ) providing justification and signatures and forward to the Graduate Records Office
302 Park Building

Graduate School

☐ Approved _____
Date

☐ Denied _____
Signature