Western Michigan University supports a graduate leave of absence policy to assist graduate students who are temporarily unable to continue their programs. The leave of absence may extend consecutively for up to two semesters and two sessions. Extensions of a leave of absence may be possible with a new application. Reasons for requiring a leave usually include bereavement, illness, care giving, maternity, paternity, and call to active military duty. Students requesting a leave of absence must submit an application to their department/school/unit chairperson or director.

Preparing the Application for Leave of Absence

In consultation with the supervising faculty member, an Application for Leave of Absence form is to be completed by the student, and signed by both the student and the advisor or supervising faculty member. The application is to be submitted to the chairperson/director for review and signature before being forwarded to the dean of the Graduate College. Whenever possible, application should be made in advance of the anticipated leave or as soon as possible after commencement of the leave. Whenever possible, it is helpful if the commencement and termination of the leave coincide with the beginning of a semester or session.

It is the student’s responsibility to ensure that the proposed leave is compatible with the regulations of any granting agency from which funding would normally be received during the leave period and that such agencies are informed of the proposed leave. Students on student loan programs should clarify the consequences that such a leave may have on their repayment status. International students are advised to consult with the Office of International Services and Student Affairs regarding their immigration status during a proposed leave.

A student granted a leave of absence will have his or her time-to-completion of degree extended by the amount of time granted in the leave of absence. The continuous enrollment policy will also be held in abeyance during this time.

Graduate Appointees Requesting a Leave of Absence

A graduate student holding an assistantship, associateship, or fellowship who is granted a leave of absence will have his or her salary and stipend (where applicable) suspended during the period of the leave. During the absence, a student replacement will serve usually on a temporary basis. Whenever possible, the remainder of the appointment will be held for the student upon his or her return to the next term. However, in situations where research activity has progressed substantially during the absence, the original appointee may no longer be able to resume the appointment. In situations where the student is returning in the next academic year, efforts will be made for that student to resume his or her appointment if possible.

In the event that a student appointee and chairperson/director disagree on the leave or its arrangements, students may follow the dispute resolution process available under the policy on Adjudication of Situations Involving Graduate Students Rights and Responsibilities.

INSTRUCTIONS

1. This form is interactive. Please type all information directly in the form before printing out.
2. Gather signature from your Department Chair/Graduate Program Advisor and
3. Submit the form to the Graduate College at the following address:
   260 W Walwood Hall, Kalamazoo, MI 49008-5242.
CURRENT DATE: mm/dd/yyyy

STUDENT’S NAME: WIN

ADDRESS:

DEPARTMENT:

PROGRAM:

LEAVE REQUEST SPECIFICS

Anticipated date of leave: _____

Return Date: _____

Reason for requesting a leave of Absence (Please check all that apply):

☐ Medical/Health
☐ Employment
☐ Marriage

☐ Military
☐ Financial
☐ Family Responsibilities

☐ Church Service
☐ Study Abroad

☐ Other _____

Please describe in the space below the circumstances surrounding your request for a graduate leave of absence. Do not exceed the space provided.

(Type or copy and paste your description here)

It is your responsibility to retain a copy of this form and bring it to The Graduate College upon return from leave of absence to renew registration status.

Student’s Signature ___________________________ Date ___________________________
STUDENT’S UNIT ENDORSEMENT

Chairperson’s Signature ____________________________ Date ____________

Advisor or Supervising faculty member’s signature ____________________________ Date ____________

RECOMMENDATION OF THE GRADUATE COLLEGE

☐ Approved through ___________________________________________________________________

(Semester/Session and year of return to program)

☐ Denied Remarks: ___________________________________________________________________

____________________________________________________________________________________
____________________________________________________________________________________

Dean, The Graduate College ____________________________ Date ____________