

GRADUATE LEAVE OF ABSENCE (LoA) FORM



*****STUDENT INFORMATION*****

Student Name: WIN:
Department: PhD Master's Specialist
Student Non-WMU Email Address:

LoA Starting Term: Year: LoA End Term: Year:

Reason for Requesting Leave of Absence (check all that apply):

Medical/Health

Financial

Marriage

Military

Employment

Family Responsibilities

Other, please give reason:

I have discussed my situation with my advisor and/or department? Yes No

If I am on an assisantshp, I have discussed my LoA with my hiring unit? Yes No

I have consulted with my advisor and/or department and understand the impace this LoA could have on my program.

Student Signature: Date:

*****DEPARTMENT APPROVAL*****

Advisor Name: Date:

Advisor Signature:

Chairperson Name: Date:

Chairperson Signature:

*****GRADUATE COLLEGE USE ONLY*****

Approved through: (session/year of return):

Denied Remarks:

Date:

Graduate College Dean

Updt. 12/23