



Graduate Student Leave of Absence Request Form

Section 1: Student Information

Name: _____ Date: _____

G Number: _____

Reason for leave of absence:

- Medical
- Family difficulties (e.g. family emergencies or deaths)
- 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

Leave/Withdraw in the semester of (enter year): Fall____ Winter____ Spring/Summer____

Expected Return/enrollment in the semester of: Fall____ Winter____ Spring/Summer____

Section 3: Graduate Program Director Recommendation

Approved Not Approved

Comments: _____

Signed: _____ Date: _____

Graduate Program Director
Graduate Program

Section 4: Decision by the Graduate School

____ Decision and other Comments: _____

____ Please remain in contact with your Graduate Program Director, _____, 616-331-XXXX or xxx@gvsu.edu, to ensure that you are correctly following the curriculum plan needed for successful completion of the program if you are returning to the program.

Signed: _____ Date: _____

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