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| **REQUEST FOR LEAVE OF ABSENCE** |
| A leave of absence is granted for degree-seeking graduate students in active status who must be away from their studies for personal, family, financial or other compelling reasons. Reasons for the leave reside with the department/school and should not be included with this form. The Request for Leave of Absence form must be received by Graduate Studies no later than the last day of classes in the term which the leave is taken. A retroactive leave of absence will not be granted. See policy# 3-01.12 |
| **Please check one:** | [ ]  Domestic Student |  |
|  [ ]  International Student (*International students must contact the Office of Global Education)* |
| **This is a request for: [ ]** New Leave | **[ ]** Extension to an existing Leave |  |
| **Name: (Last, First, Middle Initial)** |  | **Kent State ID:** |  | **Email:** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| **College:** |  | **Department/School:** |  | **Major:** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| **I am requesting a leave of absence beginning:** | [ ]  Fall | [ ]  Spring | [ ]  Summer | **20** Click here to enter text. |
| By signing below, I certify that I understand the following:1. It is my responsibility to drop or withdraw from all courses that I am registered for during the term of my leave. Course withdrawal does not negate my financial obligations to the university, and I will continue to be responsible for any balances I owe. If the course withdrawal deadline has already occurred, I must address grading and course completion issues with my individual instructors.
2. If my leave is approved, I will not have the rights and privileges of registered students, including course pre-registration and access to the libraries, recreational center, and health services.
3. To receive an extension of my approved leave, I must complete a new Request for Leave of Absence form prior to the expiration of my leave.
4. It is my responsibility to complete the Application for Re-Enrollment and register for courses the semester following my leave. Failing to do so will result in withdrawal from the university.
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| *(Student)* |  | *(Date)* |
| ***Please submit the completed form to your advisor for review.*** |
| APPROVALS |
|  |  |  |  |  |
| (Office or Global Education, if applicable)  |  | (Print Name) |  | (Date) |
|  |  |  |  |  |
| (Student’s Advisor)  |  | (Print Name) |  | (Date) |
|  |  |  |  |  |
| *(Department Chair/School Director)*  |  | *(Print Name)* |  | *(Date)* |
|  |  |  |  |  |
| *(Dean/Designee of the College)* |  | *(Print Name)* |  | *(Date)* |
|  |  |  |  |  |
| (Dean of the Division of Graduate Studies) |  | (Print Name) |  | (Date) |
| OFFICE USE ONLY |
| Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date effective:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Leave code entered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Leave code removed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |