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| **KENT STATE UNIVERSITY****REQUEST FOR LEAVE OF ABSENCE** |
| A leave of absence is granted for graduate students in active status who must be away from their studies for one or more semesters for personal, family, financial, or other compelling reasons. The Leave of Absence form should be submitted prior to the start of the term for which the leave is requested, but 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. |
| **Please check one:** | [ ]  Domestic Student | [ ]  International Student\* |
| *\*International students must contact the Office of Global Education.* |
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| **Name: (Last, First, Middle Initial)** |  | **Kent State ID:** |
| *Click here to enter text.* |  | *Click here to enter text.* |
| **College:** |  | **School/Department:** |  | **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.* |
|  |
| **I will return:** | **[ ]** Fall | **[ ]** Spring | **[ ]** Summer | **20** *Click here to enter text.* |  |
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| 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)* |
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| APPROVALS |
| *When a department/school grants a leave of absence, it implies the program will be willing to re-admit the student following the term of the leave. The department/school and student should have a written plan for re-admission that includes any conditions that must be met.* |
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| (Office or Global Education, if applicable)  |  | (Date) |
|  |  |  |
| (Student’s Advisor)  |  | (Date) |
|  |  |  |
| *(Department Chair/School Director)*  |  | *(Date)* |
|  |  |  |
| *(Dean of the College)* |  | *(Date)* |
|  |  |  |
| (Dean of the Graduate School) |  | (Date) |
|  |  |  |
| OFFICE USE ONLY |
|  |  |  |  |  |
| Processed by: |  | Status code: |  | Date verified with Registrar: |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |