



Petition for Leave of Absence

Print Name (First, Last) Signature Date

Student C-Number Student Empl ID Student Phone Number Student E-mail

Major Degree

The student is requesting a leave of absence effective: _____
Month/Day/Year

The student's expected return date to the graduate program is: _____
Month/Day/Year

Provide a reason for this request in the space below (or append documentation to this form). Include a projected plan of degree completion.

FOR COLLEGE/SCHOOL/DEPARTMENTAL USE

Approval of Student's Advisor or Department Chair.

Print Name (First, Last) Signature Date

Approval of Graduate Program Director, Associate Dean, or Dean.

Print Name (First, Last) Signature Date

FOR GRADUATE SCHOOL USE

Approved Denied

Print Name (First, Last) Signature Date

Please email this form to gradforms@miami.edu