



Graduate Student Request for Leave of Absence

The University of Utah • Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT • 84112 • 801-585-7860 fax

Graduate students who wish to discontinue their studies for one or more semesters (other than summer term) must file a leave of absence. Officially admitted graduate students who have registered for and completed university credit class(es) may request a leave of absence for a maximum of one year. Retroactive leave of absences are not granted.

Instructions:

1. Drop/withdraw from the class(es) for the semester that you are requesting a leave of absence.
2. Complete the Graduate Student Request for Leave of Absence.
3. Obtain the appropriate signatures.
 - If your program requires a supervisory committee, obtain the Chair of the Supervisory Committee **and** Department Chair signature.
 - If your program does not require a supervisory committee, obtain the Director of Graduate Studies **or** Department Chair signature.

International students on an F1 or J1 visa taking a vacation semester or a medically necessary reduced course load of zero (0) credits must obtain additional permission from the International Center prior to submitting this leave of absence.

- Vacation Semesters for International Students will only be approved for one semester and may not be extended.
- Medically Necessary Reduced Course Loads are approved for one semester at a time, and may be extended through the International Center for an additional semester to a maximum of three semesters (one academic year).

_____ Vacation Semester
 International Center Official Date Medically Necessary Reduced Course Load 1 2 3

4. Submit this form on or before the last day of regular semester finals for the semester the leave of absence is requested. You will be notified through your Umail account of the action taken.

Note: A student who chooses to drop his/her class(es) should first determine the impact, if any, on insurance coverage, financial aid awards, loan repayments, residential living, etc., which may require evidence on the academic record of course completions and/or enrollments.

It is your responsibility to register for the semester following this leave of absence. If you need to extend this leave of absence, a new form including the appropriate signatures must be submitted to our office. If you do not register for the term indicated below, you must readmit through the Graduate Admissions Office.

Please check one: Domestic Student International Student

Student Name: _____ Student ID #: _____

Academic Department: _____

I am requesting a leave of absence beginning: (circle one) Fall Spring Summer Year: _____

I will return: (circle one) Fall Spring Summer Year: _____

Reason for leave of absence: _____

Approval Signatures:

Chair of Supervisory Committee (clearly print name and sign) Date

Department Chair or Director of Graduate Studies (clearly print name and sign) Date

I understand that forms submitted without complete information or appropriate signatures will not be considered.

Student Signature Date

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Approved Denied International Student: Yes / No Received International Center Permission: _____

Comments: _____

Entered: _____ Verified: _____