



UNIVERSITY OF MARYLAND, COLLEGE PARK
The Graduate School



REQUEST FOR LEAVE OF ABSENCE

Graduate Students may request a Leave of Absence of up to 2 consecutive semesters for any of the following reasons: Childbearing, Adoption, Illness, and Dependent Care (children, ill or injured partners, or aging parents). A Leave of Absence stops the Time to Degree clock.

Date: _____

Student Name (Last, First, Middle Initial)

Student Identification Number

Street Address

Graduate Program Code

Month / Year Entered Program

City, State, Zip

Email Address

Degree Sought

Date Advanced to Candidacy

Telephone Number

Student's Signature

Please complete the following:

I am hereby requesting a Leave of Absence for _____ (Enter Semester / Year. If requesting leave for a whole year, enter the specific Academic Year for which you wish to take your Leave, i.e., 2005-2006, 2006-2007, etc.).

I plan to graduate in _____ (Enter Semester / Year) I have had _____ Time to Degree Extensions.

If you are a doctoral candidate, indicate the number of credits of 899 (Doctoral Dissertation Research) you have completed _____

This request must be accompanied by **a)** a statement by the student explaining the request, **b)** a statement by the student's academic advisor supporting the request, and **c)** a statement by the Director of the graduate student's program approving the request. All should be submitted in hard copy, with this form.

Academic Advisor (Print Name then Sign)

Date

Telephone extension and Email Address

Director of Graduate Program (Print Name then Sign)

Date

Telephone extension and Email Address

Graduate School Representative

Date

Granted **Denied** **Entered**

Please return this form and all supporting materials to:

The Graduate School
2123 Lee Building • University of Maryland
College Park, Maryland 20742-5121
301.405.0376 Voice • 301.314.9305 FAX
gradschool@umd.edu