

REQUEST FOR LEAVE OF ABSENCE

OAKLAND UNIVERSITY

GRADUATE STUDY & LIFELONG LEARNING

520 O'Dowd Hall; Rochester MI 48309-4401

Phone: 248-370-2700 Fax: 248-370-3226

Name: _____ Student Number : **G** _____

Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____ Daytime Phone: _____

Name of Graduate Program	Department
Term Leave to Begin (select term & enter year)	Anticipated Return from Leave (select term & enter year)
<input type="checkbox"/> SU <input type="checkbox"/> FA <input type="checkbox"/> WI _____ YEAR	<input type="checkbox"/> SU <input type="checkbox"/> FA <input type="checkbox"/> WI _____ YEAR

Please attach 1) written explanation detailing the circumstances surrounding your request for a Leave of Absence from your graduate program AND 2) a current plan of study.

Student Signature _____ Date _____

Faculty Adviser or Chair of Committee

Approved - student must return to program by: SU FA WI _____ YEAR Denied

Name (print or type): _____

Signature: _____ Date: _____

Graduate Committee (if required by School and College) Approved Denied

Comments : _____

Signature: _____ Date : _____

Dean or Dean's Representative Approved Denied

Comments: _____

Signature: _____ Date: _____

Graduate Study & Lifelong Learning Approved Denied

Executive Director Graduate Study & Lifelong Learning _____ Date: _____

Upon return from Leave of Absence, students must bring a copy of this form to **Graduate Study & Lifelong Learning, 520 O'Dowd Hall to update registration status.**