

Leave of Absence (LOA) Request Form

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| --- | --- | --- | --- |
| Name: | Enter text. | URID: | Enter text. |
|  |  |  |  |
| Program: | Choose an item. |
|  |  |
| Leave to begin: | MM/DD/YYYY | Leave to end: | MM/DD/YYYY | *Leave dates must begin and end according to the semester schedule.* |

Reason for Leave of Absence:

|  |
| --- |
| Enter text. |

*My signature below indicates that I understand and accept the following:*

* Leave of absence will be limited to one year and should encompass full semesters unless leave is due to illness, medical reasons or extenuating circumstances as approved by the Senior Associate Dean for Graduate Education and Postdoctoral Affairs.
* It is the responsibility of the student to consult with Office of Financial Aid and the Bursar for any financial implications with loans, tuition/fee charges, and potential tuition refunds.
* University health insurance coverage will terminate during LOA.
* Payment of $80 LOA fee will be charged for each semester student is on a Leave of Absence status.
* LOA counts towards time to degree limit.

Mailing address during leave period:

|  |
| --- |
| Enter text. |

 Student Signature Date

**Leave of Absence Approved by:**

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|  |
| Advisor Signature | Date | Program Director Signature | Date |
|  |
| Senior Associate Dean for Graduate Education and Postdoctoral Affairs | Date |

After all three signatures have been obtained, submit to registrar@rochester.edu.