



UNIVERSITY OF MARYLAND, COLLEGE PARK
The Graduate School



REQUEST FOR LEAVE OF ABSENCE

Students may request a leave of absence of up to 2 consecutive semesters for any of the following reasons: childbearing, adoption, illness, dependent care (children, partners, parents), and other circumstances outside of their control. This leave 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.).

This request must be accompanied by a brief statement by the student explaining the request. Please use the space below, the reverse of this form, or a separate sheet for your statement.

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