

**Indiana University College of Arts & Sciences
College Graduate Student Leave of Absence Request**

Last	First	Student ID #
		____ Yes ____ No
Degree Program	Name of Fellowship or Student Academic Appointment	I receive Student Loans
Date leave is to begin _____ end: _____ Type: A. ____ Medical ____ Family ____ Discretionary B. ____ Paid ____ Unpaid		

This Leave of Absence is for the following qualifying reason:

- a serious health condition requiring an absence of 3 weeks or more
- care of a child within 12 months of birth or adoption of a child
- care of a spouse, domestic partner, child or parent with a serious health condition when the student is the primary or co-primary caregiver and the absence is anticipated to continue for at least 3 weeks
- death of a spouse, domestic partner, child or parent
Name/Relationship of relevant family member: _____
Note: Same sex domestic partner and children of partnership coverage must be qualified by the University's Affidavit of Domestic Partnership.
- Other, please attach explanation

Requested accommodations:

- | | |
|---|---|
| <input type="checkbox"/> Term extension of incompletes | <input type="checkbox"/> Grade of Incomplete for current coursework |
| <input type="checkbox"/> Absence from Student Academic Appointment duties | <input type="checkbox"/> Complete withdrawal from coursework |
| <input type="checkbox"/> Transfer of all current credits to research | <input type="checkbox"/> Other, please attach explanation |

A graduate student in the College of Arts & Sciences may request a leave of absence by submitting a Leave of Absence Request form to the College Graduate Office. Approval is subject to the following conditions and understandings:

1. The student completed at least 12 credit hours or one academic year prior to the leave request.
2. The student was not previously granted or on leave for a maximum of 24 months in total.
3. The student and department understand that a leave does not apply retroactively.
4. The student and department understand that a leave does not automatically extend grades of incomplete
5. The student and department understand that a leave does not automatically extend or circumvent milestones or other requirements determined by the University Graduate School. Please contact the University Graduate School directly to request an extension of candidacy or course revalidation.
6. The student and department understand that a leave preserves the curriculum and requirements designated in the University Graduate School Bulletin at the time of the students leave in the event of change in curriculum or degree requirements while a student is on leave.
7. The student understands that a department may choose not to accept a course, thesis or doctoral requirement while he or she is on leave.
8. The student understands that depending on the length and timing of his or her leave, the leave may affect their funding, i.e. fellowship monies received, AI stipend, federal loan, etc., and will contact the Office of the Bursar or their funding source to discuss this matter.
9. The student understands that not returning to their academic program following the end of an approved leave without prior communication, forfeits any remaining commitments or agreements from the College or Department of ongoing financial support or special academic arrangements made in subsequent semesters.
10. The department understands that if a student is applying for and the department agrees to a paid leave of absence, the department maintains financial responsibility for the student on leave and any temporary replacement.

Student Signature	Date
Faculty Advisor Name & Signature	Date
Director of Graduate Studies Name & Signature	Date
Department Chair Signature (required for paid leave request)	Date

**Please submit completed and signed request along with medical certification to:
College Graduate Office 207 Kirkwood Hall 130 S. Woodlawn Bloomington IN 47405
p.812.856.3687 f. 812.855.2060 e. coasgrad@indiana.edu**

FOR GRADUATE OFFICE USE ONLY:

___ Leave *conditionally* approved pending receipt of medical certification (received w/in 15 days on _____)

___ Leave *approved*

With the following accommodations:

- Extension of incompletes and milestones
- Transfer of all current credits to research
- Change in SAA duties
- Grade of incomplete for current coursework
- Complete withdrawal from coursework
- Other (see attached)

Leave *denied* because Student:

- is not enrolled full-time in a College Graduate program or is not in good academic standing
- has not been enrolled full-time in a College Graduate program for 1 semester before/between leaves
- does not have a qualifying reason for leave
- has exhausted calendar year allotment
- is not eligible for paid-leave because the student does not hold an eligible College appointment
- did not submit medical certification

Additional Comments:

Graduate Office, College of Arts and Sciences (signature)

Date

Date given to student: _____ Via: ___ U.S. Mail ___ Email ___ Other (specify): _____

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