



Graduate Student Leave of Absence Request

Last	First	Student ID #
Degree Program	Circle one of the following if you are on a:	
	Fellowship	Student Academic Appointment
		_____Yes _____No
Date Leave Will Begin _____ End: _____		I Receive Student Loans
		Type: __Medical__ Family__ Military__ Discretionary

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 spouse, domestic partner, child or parent with a serious health condition when the student is the primary caregiver 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: _____

*Domestic partner and children of partnership coverage must be qualified by the University's Affidavit of Domestic Partnership

- Military duties
- Other, please attach explanation

Requested Accommodations:

- Absence from Student Academic Appointment duties
- Complete withdrawal from coursework
- Other, please attach explanation

This leave of absence request is subject to the following conditions:

1. The student completed at least 9 credit hours or one academic year prior to the leave request.
2. The student has not exceeded the maximum of 24 months of leave.
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 existing grades of incomplete. Please contact the professors of courses in which incompletes were received to request extensions.
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 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 the leave, the leave may affect funding, i.e. fellowship monies received, SAA stipend, federal loans, etc., and will contact the Office of the Bursar or the funding source to discuss this matter.
9. The student understands that not returning to the academic program following the end of an approved leave without prior communication forfeits any commitments or agreements from the College or Department of ongoing financial support or special academic arrangements made in past or subsequent semesters.

Student's Name (Please Print) & Signature Date

Faculty Advisor Name & Signature Date

Director of Graduate Studies Name & Signature Date

*Please submit completed and signed request along with medical certification to:
College Graduate Office, Owen Hall, 790 E. Kirkwood Avenue, Bloomington IN 47405
Fax: 812.855.2060/Email: collgrad@indiana.edu*



FOR GRADUATE OFFICE USE ONLY:

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

With the following accommodations:

- Absence from Student Academic Appointment duties
- 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
- Student has not completed at least 9 credit hours or one academic year prior to the leave request
- Student does not have a qualifying reason for the leave
- Student has exceeded the maximum leave allotment
- Student did not submit medical documentation

Additional Comments:

Graduate Office, College of Arts and Sciences (signature)

Date

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