



## Leave of Absence Return Plan Template

Student Name:  
Student UID:  
Degree Program:  
Dates Leave Begins/Ends:

Funding Source:

**Student Progress to Date:** (Student Name) is in their (Number) year in the (MA/MS/PhD program), and is a Pre-Candidate/Candidate in good academic standing.

(Student Name) is working with the following faculty:

- Director of Graduate Studies: Name
- Advisor: Name
- Dissertation/Thesis Chair: Name
- Dissertation/Thesis Committee Members: Names

### Current coursework plan over time of LOA:

Student wishes to drop all of current coursework: YES/NO

If student chooses to take incompletes please address completion date below.

### Expected Return Date:

(Student Name) will return from their leave in (Semester, Year). If (Student Name) cannot return by this date, he/she will contact the Director of Graduate Studies to request a leave extension and negotiate a new Leave Return Plan.

### Funding:

(Student Name) will have (Number) semesters/years of funding remaining when she/he returns from her/his leave. This funding will consist of (College Fellowship, SAA, Departmental Fellowship, etc.). (Student Name) will contact the Director of Graduate Studies or the Department Chair by (Date, Year) to confirm the expected return date listed above, to ensure the program can include (Student Name) in their funding plan for the next term.

### Academic Plan:

(Student Name) will complete the following academic work upon returning from his/her leave of absence:

- Coursework
- Exams
- Proposals
- Dissertation

If relevant, (Student Name) will complete incomplete courses according to the following plan:

- Incomplete Course Number, Name: Intended Completion Date
- Incomplete Course Number, Name: Intended Completion Date
- Incomplete Course Number, Name: Intended Completion Date

**Student Signature:**

**Date:**

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