UNIVERSITY of DENVER
OFFICE OF GRADUATE STUDIES

Return this form to:
Office of Graduate Studies*
Mary Reed Building, Room 5
2199 S. University Blvd. Denver, CO 80208
Phone 303-871-2706 | Fax 303-871-4942
gradservices@du.edu

Application for Leave of Absence for Graduate Students

- Complete Leave of Absence policies are available in the 2017-2018 Graduate Policies and Procedures: http://bulletin.du.edu/graduate/academic-requirements-policies-and-procedures/student-withdrawal-from-the-university/
- If you are requesting a leave of absence for medical reasons, do not complete this form. Refer to the *Medical Leave of Absence* form and policy for additional information (also found under Student Withdrawal from the University as *Medical Leave of Absence*).
- To identify which form you need, read both the medical and personal leave policies before completing an application.
- If you are currently enrolled for the quarter during which you plan to begin your leave, you must formally withdraw from courses and are bound by the withdrawal deadlines for that quarter. Refer to the leave of absence document or the Office of the Registrar's web site (www.du.edu/registrar) for withdrawal information.

Date _____ Full Name _____ Student ID# _____

Degree _____ Program _____

Contact information while on leave:
(If necessary, please update address in PioneerWeb.)
Home/Permanent Address _____

Mailing Address _____

Phone # _____ Alternate Phone # _____

Preferred Email Address _____

If you are an International Student, are you currently in F-1 or J-1 student status? ☐Yes ☐No
If "yes", have you met with an ISSS advisor? ☐Yes ☐No

Please check all that apply.
☐ I am not currently enrolled in courses or will not be enrolled for the academic term I am requesting a leave.
☐ I submitted a withdrawal form to the Office of the Registrar on (enter date): _____
☐ A withdrawal form is attached to this document.

Term(s) for which leave is requested: ☐ Fall ☐ Winter ☐ Spring ☐ Summer
Year(s): _____

Term in which you plan to return to study (one year maximum*): ☐ Fall ☐ Winter ☐ Spring ☐ Summer
Year: _____
(*Peace Corps fellows excepted.)

Reasons for requesting a leave of absence (attach separate pages if additional space is needed):

I attest that I have read and understand the leave of absence policy.

_____
Student Printed Name Signature Date

I attest that I have read and understand the leave of absence policy and approve this student's request for leave.

_____
Printed Advisor's Name Advisor's Signature Date

*Students in Law, Business, Social Work, and UCOL return the form to the college's student service office instead of the Office of Graduate Studies.