University of Colorado at Denver – Graduate School
REQUEST FOR LEAVE OF ABSENCE

Student Name: _____   Student Number: _____

Program: _____   Degree: PhD   MS   MSCS

Term admitted:_____   20_____   Term(s) of LOA Requested:_____
                         Fall   Spring   Summer

NOTICE TO STUDENT: Continued registration is a requirement for some programs in the Graduate School. If student needs to interrupt his/her progress in the School and the interruption does not exceed one year (two academic semesters and one summer term), it is recommended that the student who is in good standing and has every intention of returning to the School within a two academic semester/one summer term period request a LOA rather than formally withdrawing from the Graduate School. A request in excess of one year during the tenure of your education will not be approved.

Please sign and complete items 1-3 below, obtain signatures from your Advisor and the Program Director and return this form to the Graduate School.

1.   Have you been on a LOA any other term/s _____Yes   _____No   If yes, please indicate term_____ Year____

2.   State the reason for requesting a LOA: _____

_____

3.   Are you registered for any class/es during the semester/s you are requesting an LOA?   _____Yes   _____No

Student's Responsibilities:
I understand if I am registered for classes, it is my responsibility to officially drop these classes by completing a drop/add form and returning it to the UCDAMC Office of Admissions and Records, Ed2 North, room 3207. I understand if I request a LOA after the designated drop/add period, I am responsible for full payment of tuition.

I understand if I am receiving Student Financial Aid that I must contact the Office of Student Financial Aid, Ed2 North, 3rd floor.

I understand that I am to contact my graduate program office before my return.

NOTE: If a student petitions for a LOA after the designated drop/add period he/she will be subject to full payment of tuition.

_____   _____
    Student Signature   Date

_____   _____
    Advisor Signature (only required if PhD and post-comps)   Date

_____   _____
    Program Director Signature   Date

_____   _____
    Graduate School Assistant Dean   Date

Approved : _____   Attendance to resume no later than: _____   ***Not Approved**_____

Distribution: Student File (Graduate School)
                              Registrar's Office
                              Graduate Program
                              Student