## **Graduate Student Request for Leave of Absence**



The University of Utah

Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT 84112 •

801-581-8969 • fax 801-585-7860 • registration@utah.edu • Student Services Bldg, Window 13

This document is accessible when opened in Adobe Reader. If you do not already have it, it is free on the Adobe website.

Graduate students who wish to discontinue their studies for one or more semesters (other than summer term) must file a leave of absence. Officially admitted graduate students who have registered for and completed university credit class(es) may request a leave of absence for a maximum of one year. Retroactive leave of absences are not granted.

To be eligible for a Leave of Absence, all registered classes must be dropped prior to the add/drop deadline of the leave semester. Instructions:

- Complete the Graduate Student Request for Leave of Absence.
- Obtain the appropriate signatures.
  - If your program requires a supervisory committee, obtain the Chair of the Supervisory Committee and Department Chair signature.
  - If your program does not require a supervisory committee, obtain the Director of Graduate Studies or Department Chair signature.
  - International students on an F1 or J1 visa must obtain additional permission from the International Student & Scholar Services (ISSS) prior to submitting this leave of absence.

Medically Necessary Reduced Course Loads are approved for one semester at a time, and may be extended

through the ISSS for an additional semester to a maximum of 12 months.	,
International Student & Scholar Services Official Date	
☐ Medically Necessary Reduced Course Load ☐ 1 ☐ 2 ☐ 3 Semester ☐ Other	
3. Submit this form in person, via fax, or via US mail on or before the last day to add/drop second half classes for leave of absence is requested. You will be notified through your Umail account of the action taken.	or the semester the
Note: A student who chooses to drop his/her class(es) should first determine the impact, if any, on insurance financial aid awards, loan repayments, residen al living, etc., which may require evidence on the academic recomple ons and/or enrollments.	_
It is your responsibility to register for the semester following this leave of absence. If you need to extend this le new form including the appropriate signatures must be submitted to our office. If you do not register for the te below, you must readmit through the Graduate Admissions Office.	
Please check one: Domestic Student International Student	
Student Name Student I.D#	
Academic Department	
I am requesting a leave of absence beginning: (check one) 🔲 Fall 🔲 Spring 🔲 Summer Year	
I will return: (check one)	
Reason for leave of absence	
Approval Signatures: Chair of Supervisory Committee	Date
Dept. Chair or Director of Grad Studies	Date
I understand that forms submitted without complete information or appropriate signatures will not be considerate Student Signature Date	dered.
FOR REGISTRAR'S OFFICE USE ONLY	
Approved Denied International Student: Yes / No Received International Center Permission:	
Comments:            Entered:            Verified:	Updated 12/21/22