



Leave of Absence Request

First name:	Last name :	ID:
(choose one) <input type="checkbox"/> EDUC <input type="checkbox"/> CPSY		

Leaves of absence are granted for a maximum of one calendar year, whether continuous or discontinuous.

Failure to return as scheduled or to secure an extension of a leave will result in withdrawal from the academic program.

Students should drop all their courses prior to filing for a leave of absence. Failure to do so will result in a “W” grade on their transcripts.

Please see the Graduate Bulletin for the complete Leave of Absence policy.

I plan on taking a leave of absence beginning :	I expect to return and enroll in classes:
Fall 20 _____	Fall 20 _____
Winter 20 _____	Winter 20 _____
Spring 20 _____	Spring 20 _____
Summer 20 _____	Summer 20 _____

Please submit completed forms to the Dean’s Office in Loyola 130.

Student Signature:	Date: