

Temporary Leave of Absence Request

Leave of absence is granted for a maximum of one year.

Leave request must be submitted to the Graduate School by the last day to pay fees in the requested semester of leave.

Form Initiator Role: *

First Name: * Last Name: * Student ID: *

Email: * Phone: *

Degree: * Major: *

(English, Physics, Geoscience, etc.)

Last Semester Enrolled at UAF: * Year: * Are you an International Student? *

For the following reason(s), I request a temporary leave of absence from my graduate studies:

SAMPLE

I will not be registered during the semester(s) indicated:

Fall Year: Spring Year: Summer Year:

I plan to return to my studies *

Fall Year: Spring Year: Summer Year:

** If you fail to register in the semester indicated or extend your leave without submitting a new Leave of Absence Form, it will be necessary for you to request reinstatement into your graduate program.*

Committee Chair	First Name: * <input type="text"/>	Last Name: * <input type="text"/>	Email: * <input type="text"/>
Department Chair	First Name: * <input type="text"/>	Last Name: * <input type="text"/>	Email: * <input type="text"/>
College/School Dean	First Name: * <input type="text"/>	Last Name: * <input type="text"/>	Email: * <input type="text"/>
Graduate Coordinator	First Name: * <input type="text"/>	Last Name: * <input type="text"/>	Email: * <input type="text"/>

Initiator Signature _____ Date _____

APPROVALS

Student Signature _____ Date _____

Graduate Coordinator Comments:

SAMPLE

Graduate Coordinator Signature _____ Date _____

Committee Chair Comments:

Committee Chair Signature

Date

Department Chair Signature

Date

College/School Dean Signature

Date

Please list your initials and any notes addressed to the Director about this form.

Graduate School Check Signature

Date

Graduate School Director Decision: *



Graduate School Director Comments:

Graduate School Director Signature

Date

Graduate School Processing Comments:

Graduate School Processing Signature

Date

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Initiator Signature

Date:
