Request for Leave of Absence

A student may be granted a leave of absence for medical reasons, family necessity or dependent care, military service or other approved personal reasons. Students planning to discontinue enrollment for a semester, or more must request approval for leave of absence; the leave of absence may be requested for a maximum of 12 months during the student's program. However, the Graduate School may approve extensions to the 12-month maximum. The Leave of Absence form must be approved and on file before the student's anticipated absence, unless the event occurs in the course of a semester in which case a student may apply as soon as possible. An approved leave of absence will enable a student to reenter his or her program without applying for readmission or owing retroactive tuition and registration fees.

Date of Request		Requested Leave Begins a			and Ends	
Name		9-digit ID		Net I	Net ID	
Last	First	Middle				
Address						
Phone Number	one Number Non-MSU Email Address					
College	Department					
Degree		Major				
Concentration		Major Secondary Program/Minor				
Reason for Request (y	ou may attach do	ocumentation):				
take any MSU courses	enrolled students; s. Students may re	receive a graduate	assistantship, fello m prior to the antic	wship or financial	aid from the University; or rn.	
Typed / Printed Name			Approval Signat	tures		
Student					Date	
Graduate Coordinator					Date	
Department Head					Date	
Academic Dean					Date	
Dean of the Graduate Scho	ool				 Date	