

UCCS Graduate School Request for Leave of Absence

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

UCCS Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Term Admitted: \_\_\_\_\_  
Term Year

Requested Terms for LOA: Start Term: \_\_\_\_\_ Expected Return Term: \_\_\_\_\_  
(No more than 1 year) Term Year Term Year

Have you previously taken a leave of absence? Yes No  
If yes, please indicate the term(s) and year(s) in which the leave was taken: \_\_\_\_\_

Are you registered for any classes during the semester/s you are requesting an LOA? \* Yes No  
*\*You may not be registered for classes while on a Leave of Absence*

Select the reason(s) for requesting the leave of absence:

- Professional
- Medical
- Military
- Personal
- Other: \_\_\_\_\_
- Family

- I understand there is a time limit for the completion of a degree, and I verify that the degree requirements will be completed within the prescribed time limit.
- I understand if I am registered for classes, it is my responsibility to officially drop these classes by completing and submitting a drop/add form. 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, I must contact the Office of Financial Aid.
- I understand that I must return by the end of my LOA and that failure to return or request another LOA may result in being discontinued from the program leading to the need to reapply to return.
- I understand that I must contact my graduate program office prior to my return.
- I understand and agree to any additional requirements set forth by my program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only if PhD and post-comps)

Program Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of College/School signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(When appropriate)

Graduate School Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Graduate School Use only:	
Approve	Reject
If approved, attendance to resume no later than:	
Term	Year