

## REQUEST FOR LEAVE OF ABSENCE

NAME: \_\_\_\_\_

BLAZER ID: \_\_\_\_\_

DEGREE & AREA OF STUDY: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

SIGN & DATE

DATE LEAVE OF ABSENCE TO BEGIN: \_\_\_\_\_

DATE LEAVE OF ABSENCE TO END: \_\_\_\_\_

PROGRAM DIRECTOR APPROVAL: \_\_\_\_\_

SIGN & DATE

GRADUATE DEAN APPROVAL \_\_\_\_\_

SIGN & DATE

NOTE: *You must have your program director's approval before returning form to the Graduate School, G03, Lister Hill Library  
1720 2nd Avenue South, Birmingham, AL 35294-0013.*