

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, 511, Hill University Center
1530 3rd Avenue South, Birmingham, AL 35294.*