Knowledge that will change your world

UAB Graduate School
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REQUEST FOR LEAVE OF ABSENCE

A graduate student experiencing extenuating circumstances may request a leave of academic absence which may not exceed one (1) academic year. This form must be signed by the student's graduate program director prior to submission. You will receive notification once your request has been reviewed by the Graduate School.

NOTE: Returning from an academic leave of absence does not guarantee a reinstatement of funding (if applicable).

Student Name: _____ **Blazer ID:** _____

Student ID (B#): _____ **Email Address:** _____

I am a student in the _____ **graduate program. The reason for my request is:**

_____

_____

I would like my academic leave of absence to start as of:	I would like to return to my graduate program as of:
Spring Summer Fall Year: _____	Spring Summer Fall Year: _____

_____

Student's Signature **Date**

By signing below, I hereby approve this request.

If the above student is being funded, the stipend should end on this date: _____.

_____

Program Director's Signature **Date**

Graduate School Use Only:

Processed by: _____ **Date:** _____

Updated 03/2017