Leave of Absence Request Form

Student name: ___________________________ University ID: ___________________________

Start date: ___________ End date: ___________

Type of leave: ___________________________

This leave of absence is for the following qualifying reason(s):

☐ a serious health condition requiring an absence of 3 weeks or longer
☐ care of child within 12 months of birth or adoption of a child
☐ death of spouse, domestic partner, child or parent
☐ care of a spouse, domestic partner, child or parent with a serious health condition when the student is the primary or co-primary caregiver and the absence is anticipated to continue for at least 3 weeks
☐ other, please attach explanation

Additional information (250 characters):

Requested accommodations:

☐ term extension of Incompletes
☐ absence from student academic appointment duties
☐ transfer of all current credits to research
☐ grade Incomplete for current coursework
☐ complete withdrawal from coursework
☐ other; please attach explanation

Approval is subject to the following conditions:

1. Student must be enrolled in or admitted to the program. Enrolled student must be in good academic standing according to the University Graduate School Bulletin and Program guidelines.
2. The student was not previously granted or on leave for a maximum of 12 months in total.
3. The student and program understand that the leave applies to the current and/or future term from the time of application.
4. The student and program understand that a leave does not automatically extend grades of incomplete.
5. The student and program understand that a leave does not automatically extend or circumvent milestones or other requirements determined by the University Graduate School. Student must contact the University Graduate School directly to request an extension of candidacy or course revalidation.
6. The student and program understand that a leave preserves the curriculum and requirements designated in the University Graduate School Bulletin at the time of the student's leave in the event of change in curriculum or degree requirements while a student is on leave.
7. The student understands that the Program may choose not to accept a course, thesis or doctoral requirement while he or she is on leave.
8. The student understands that depending on the length and timing of his or her leave, the leave may affect their funding, i.e. fellowship monies received, AI stipend, federal loan, etc., and will contact the Office of the Bursar or their funding source to discuss this matter and any additional fees.
9. The student understands that not returning to their academic program following the end of an approved leave, without prior communication, forfeits any remaining commitments or agreements from the School of Informatics and Computing of ongoing financial support or special academic arrangements made in subsequent semesters.
10. International student understands that he or she must abide by the rules governed by the Office of International Services.
11. The School of Informatics and Computing reserves the right to revoke Leave of Absence approval.

Approved by:

Faculty Advisor: ___________________________ Date: ___________ Student: ___________________________ Date: ___________

Director of Computer Science Ph.D. Studies: ___________________________ Date: ___________

Please Submit Completed form to the Computer Science Graduate Studies Office, LH 225