

Leave of Absence/Change of Status Application*

Name: _____ Date: _____

Advisor: _____ Current Status: ___ Full-Time ___ Part-Time

Request:

A. Leave of Absence* Must be in good standing to qualify for leave of absence or change of status

1. Indicate the semesters and years in which you would not be enrolled: _____

B. Change of Status (Change of Status requests are considered for one semester at a time)*

1. _____ Full-time to Part-time. _____ Part-time to Full-time.

Note: Part-time Students are required to register for a minimum of 1 Credit hour per semester.

2. _____ Permanent Change.

_____ Temporary Change. Indicate semester and year of change. _____

C. Input on Graduate Studies:

1. Describe the reasons for your request.

2. Describe the impact of this request on your progress towards your degree.

3. Attach a statement describing your progress toward your degree during your previous temporary change of status period and your expected progress during the next period.

Student Signature
Advisor's Recommendation: Yes No _____
Date

Advisor's Approval Signature
Area Leader's Recommendation: Yes ___ No _____
Date

Area Leader Approval Signature _____
Date

Submit to Department Services Administrator

Graduate Program Director Approval Signature _____
Comments: Date