



# Graduate Student Leave of Absence Request Form

## Section 1: Student Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
G Number: \_\_\_\_\_  
GVSU Email: \_\_\_\_\_  
Graduate Program: \_\_\_\_\_

Reason for leave of absence:

- Medical
- Family difficulties (e.g. family emergencies)
- Military service
- Other: \_\_\_\_\_

Students: Please provide a letter with a brief (200-250 word) explanation of the circumstances surrounding your request for a leave of absence. You may submit documentation to support your request.

## Section 2: Length of Requested Leave of Absence

Begin Leave in the semester of (enter year): Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring/Summer 20\_\_\_\_

Return from Leave in the semester of (enter year): Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring/Summer 20\_\_\_\_

## Section 3: Graduate Program Director Recommendation

\_\_\_\_ Approved    \_\_\_\_ Not Approved

Comments (attach a letter if more space is required):

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director (Please Print): \_\_\_\_\_

Please email the electronic document for final review to: [shumwayt@gvsu.edu](mailto:shumwayt@gvsu.edu)

## Section 4: Decision by the Graduate School

\_\_\_\_ Approved    \_\_\_\_ Not Approved

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Erica Hamilton, Ph.D.  
Vice Provost for the Graduate School