



## 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): \_\_\_\_\_

### Section 4: Decision by the Graduate School

Approved      Not Approved

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

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

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

Jeffrey A. Potteiger, Ph.D.  
Dean, The Graduate School

Please send the completed information electronically to: [gradschool@gvsu.edu](mailto:gradschool@gvsu.edu)

*Updated 1-21-19 JRP*