

UNIVERSITY OF CINCINNATI  
Request for Leave of Absence

Name \_\_\_\_\_

Department/Program \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_

First year registered into program:\* \_\_\_\_\_  
Month Year

Reason for request:\*\*

Medical: \_\_\_\_\_

Military: \_\_\_\_\_

Leave of Absence requested: \_\_\_\_\_  
From To

Include the following items with this request:

1. Describe progress toward degree completion to date.
2. Provide supporting documentation from appropriate physician or government agency.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Director \_\_\_\_\_ Date \_\_\_\_\_

College Dean/Associate Dean \_\_\_\_\_ Date \_\_\_\_\_

Assistant University Dean \_\_\_\_\_ Date \_\_\_\_\_  
For Advanced Studies

NOTE: An extension of a leave for up to one additional year must be requested four months prior to the end of the initial leave.

\*Students are eligible for leave during first three years of graduate study.

\*\*Justification includes personal or family medical conditions or call to active military duty.

evised 11/06