



OHIO
UNIVERSITY

**The Gladys W. & David H. Patton
College of Education and Human Services**

REQUEST FOR LEAVE OF ABSENCE FROM DEGREE PROGRAM

GRADUATE STUDENT

NAME _____ PID# _____ DATE _____

OU E-MAIL _____ MAJOR Program _____

ADDRESS _____

I hereby request a leave of absence from my _____ Graduate degree program.

Date of initiation of leave _____

Expected date of return to Program _____

Reason for request _____

I have not received any extensions or readmissions to this Program. I understand that this leave will not extend the time limit for completion of this degree.

Student Signature _____ DATE _____

____ APPROVED by Advisor

____ APPROVED by Department Chair

____ DENIED by Advisor

____ DENIED by Department Chair

Advisor signature

Date

Comments*

Program Coordinator signature

Date

Comments*

Department Chair signature

Date

Comments*

* Attach sheet with additional comments as needed.

cc: Student, Advisor, Program Coordinator, Graduate College