

Student Petition for a Leave of Absence
The Graduate School, University of Memphis, 201 FedEx Institute
Phone: 901.678.4212 / Fax: 901.678.0378

This form is for students who must take a leave of absence within the *final stage* (dissertation, thesis, final project) of their degree program due to circumstances outside of their control. Appropriate documentation must be provided by the student and approved by all signatories. **The student must be in good academic standing to request a leave of absence.**

To be completed by student:

Student's Last Name _____ First Name _____ Middle Name _____ U
UID Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Email Address _____ Telephone Number _____

Major _____ Overall GPA _____ **Student Level:** Master's Doctoral

Reason for Leave: Medical Military Personal

Please attach all relevant documents to this form. Acceptable documents include:

- **Medical** (Physical or Psychological): A letter from a health-care provider.
- **Military:** A copy of your military orders.
- **Personal:** A short letter explaining your circumstances, detailing the reason for the leave request as well as third party supporting documentation.

I formally request a leave of absence for the following semester: Fall Spring Summer _____ (Year)

I will resume my studies for the following semester: Fall Spring Summer _____ (Year)

Student Signature _____ Date _____

To be completed by the student's department:

Action: Request Approved Request Denied **Reason:** _____

Major Advisor (Please Print) _____ Major Advisor Signature _____ Date _____

Action: Request Approved Request Denied **Reason:** _____

Department Chair Name (Please Print) _____ Department Chair Signature _____ Date _____

Action: Request Approved Request Denied

College Director of Graduate Studies (Please Print) _____ College Director of Graduate Studies Signature _____ Date _____

Both the student's Thesis/Dissertation Chair and the Department chair must approve this form before approved by University of Memphis administration.

To be completed by The Graduate School:

Action: Request Approved Request Denied **Reason:** _____

Graduate School Dean/Designee (Please Print) _____ Graduate School Dean/Designee Signature _____ Date _____