UNIVERSITY OF CINCINNATI
Request for Leave of Absence

Name ________________________________________________________________

Department/Program ___________________________________________________

ID# _________________________________________________________________

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 ______

Associate University Dean ________________________________ Date ______

of the Graduate School

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.

GS/July 2007