

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.

