

DELAWARE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES AND RESEARCH
LEAVE OF ABSENCE REQUEST FORM

I, _____
Student Name _____ D# _____

hereby request a leave of absence* through _____, 20____ from the _____
(Major/Concentration/Degree Program)

I understand that a leave of absence does not extend the time allowed for completion of the degree.

First semester registered in Current Program of Study: _____

Semester(s) Requesting Leave of Absence: _____

Semester of Return: _____

Student Signature _____ Date _____

The Advisory Committee has discussed this request and recommends / denies (circle one) its approval. Please add any comments below:

Chair, Advisory Committee _____ Date _____

Department Chairperson or Designee[†] _____ Date _____

(For use by the School of Graduate Studies and Research)

Leave Request Denied (provide comments below):

Leave Request Approved through _____, 20____

Dean, School of Graduate Studies and Research or Designee _____ Date _____

*Student requests should be supported with documentation of extenuating circumstances along with all supporting documentation for the request for leave (see below).

†Programs should provide a revised Plan of Study with this form if recommending approval of leave request.

***Students: Please provide evidence of any extenuating circumstances and provide any supporting documentation to support your request for a leave of absence.**