



Request for a Leave of Absence

Graduate students may request a Leave of Absence of up to two consecutive semesters for childbearing, adoption, serious health conditions, dependent care (children, ill or injured partners, or aging parents), or financial hardship. A Leave of Absence stops the "time to degree" clock.

Student's Full Name (Last, First, Middle)

Student UID Number

Today's Date

Student's UMD Email Address @umd.edu

Name of Graduate Program

Four-Character Program Code

Degree Sought

Month & Year Started

Reason(s) for a Leave of Absence:

- Childbearing/Adoption
- Dependent Care
- Financial Hardship

- Physical/Mental Health Condition*
- Military Service**

* Please include a Supplemental Information form
** Please include a copy of military orders

I am requesting a Leave of Absence for:

- Fall
- Spring
- Summer I/II
- Winter

Years: 20____
20____

Do you have a fellowship? Yes No
Do you have an assistantship? Yes No

By signing here, I affirm that I have read the [Leave of Absence policies](#) and that I understand the impact on registration, funding, loans, student accounts, housing, access to University resources, and visa status (for international students).

Student Signature Date

Primary Advisor Name Signature Date Phone Extension UMD Email Address @umd.edu

Program Director Name Signature Date Phone Extension UMD Email Address @umd.edu

ISSS Representative Signature Date Phone Extension UMD Email Address @umd.edu
(F1 or J1 International Students Only)

Graduate School Approver Signature Date