



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 ID Number	_____ Today's Date
_____ Street Address	_____ Graduate Program	
_____ City, State, Zip	_____ Degree Sought	_____ Month & Year Started
_____ Student's Telephone	_____ Student's UMD Email Address	

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

_____ Semester	_____ Year
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With this Leave of Absence I plan to graduate in

_____ Semester	_____ Year
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Have you received any Time to Degree Extensions?

Yes →	_____ Number
No	

For doctoral students: Have you advanced to candidacy?	Yes →	_____ Semester	_____ Year
	No		

By signing here, I affirm that I have read the Leave of Absence policies (go.umd.edu/gs-leave-policy) 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
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_____ Primary Advisor Name	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address
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_____ Program Director Name	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address
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_____ ISSS Representative (F1 or J1 International Students Only)	_____ Signature	_____ Date	_____ Phone Extension	_____ UMD Email Address
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_____ Graduate School Approver	_____ Signature	_____ Date
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