



### Return from a Leave of Absence

At the end of an approved leave of absence, students must complete and submit this form prior to the beginning of the term the student intends to return to active study. Students who were on a leave of absence for medical reasons will be required to submit a supplemental form completed by the student's health care provider.

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

**I am requesting to return for:**

Semester

Year

By signing here, I affirm that I have read the Leave of Absence policies ([go.umd.edu/gs-leave-policy](http://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

Primary Advisor Name

Signature

Date

Phone Extension

UMD Email Address

Program Director Name

Signature

Date

Phone Extension

UMD Email Address

ISSS Representative  
(F1 or J1 International Students Only)

Signature

Date

Phone Extension

UMD Email Address

Graduate School Approver

Signature

Date

Please submit this form electronically to [gradschool@umd.edu](mailto:gradschool@umd.edu) or mail to the Graduate School, 7809 Regents Drive, College Park, MD 20740