

SUBMIT IN TRIPLICATE

UNIVERSITY OF MASSACHUSETTS BOSTON

GRADUATE ADMISSIONS AND GRADUATE REGISTRAR'S OFFICE

LEAVE OF ABSENCE REQUEST FORM

If you need to take time off from your graduate program, this form must be filled out and approved by your Graduate Program Director. If a leave of absence is approved, the time limit for completing the degree will be extended accordingly. Please keep in mind that the \$90.00 program fee is still required for each semester while you are on your leave of absence.

Social Security Number _____

Name _____

Graduate Program _____

Semesters to be on Leave of Absence: Fall _____ Spring _____ **Semester to Return** _____
yr. yr.

Please state reason you are requesting a leave of absence: _____

Student Signature: _____ **Date** _____

Leave of Absence request approved _____ **request denied** _____ (GPD, please check one)

Graduate Program Director Signature _____ **Date** _____

Graduate Registrar's Office Signature _____ **Date** _____