



Population Health MS/PhD Graduate Program



Leave of Absence Request Form

Student Name: _____ Today's Date: _____

Email Address: _____ Student ID #: _____

Dates Requested: _____ through _____

(Note: Period may not exceed one year)

Is this a Leave of Absence Renewal? (check one) Yes No

(Note: Request may be renewed twice)

Reason for this Request:

(Student Signature)

(Date)

(Student's Advisor Signature)

(Date)

(Graduate Program Director Signature)

(Date)

Contact Information for Period of Leave:

Address: _____

Phone: _____

Email: _____

This original form must be filed in the MS/PhD Graduate Program Office (744 WARF).