



WAYNE STATE

School of Medicine
Biomedical Graduate Programs

Request for Graduate Leave of Absence

This form is to be completed by graduate students who intend not to register for classes for between one and four academic semesters (not considering spring/summer semester). If approved, it represents an agreement between the Department and the student that his/her place in the graduate program is maintained during the period of the leave.

This form is not to be used for short-term leaves in which you remain registered in your classes. Students who do not register for classes for more than four consecutive semesters are considered to have withdrawn from the program. You must apply for leave before the date on which the leave will start. Retroactive leaves will not be approved. Students may not hold funding awards during the period of a leave. Students on multi-year funding packages do not automatically retain the right to resume their funding upon their return. Leaves for medical reasons, with appropriate documentation, allow a student to resume funding upon return. Approval of this form does not constitute a formal Time Extension to your degree. You must request an extension if your degree takes longer than 6 years (MA) or 7 years (PhD). This form may, however, be used as part of your justification for such a request. No fees are assessed during the leave; however, your access to libraries and other WSU facilities may be limited. At the end of your approved leave, email the Graduate Director or Program Coordinator to indicate that you are resuming your program.

Name:

Access ID:

Advisor:

Email:

Program: MA PhD

Leave is requested beginning in: Fall Winter Year:

I am requesting the following number of semesters of leave: 1 2 3 4

Please check one or more boxes, as appropriate, to indicate the justification for your leave.

- Medical Leaves for medical reasons. Appropriate documentation from a physician or other professional is required.
- Financial Leaves due to financial hardship related to participation in the program.
- Personal Leaves due to unavoidable serious personal matters.
- Academic Check this box if you expect to attend another degree program during your leave.
- Parental Check this box if your leave relates to care for an infant or child.
- Professional Leaves to pursue employment or professional opportunities outside a degree program.
- Other Leaves for any reason not listed above.

Attach an additional one-page letter providing an explanation for your request for a leave. If relevant, also attach additional documentation in support of your request for a leave.

By signing below, I indicate that I have read and understand this agreement. I understand that I am responsible for ensuring what university resources will and will not be available to me during this leave.

Student

Date

Advisor/Coordinator

Date

Graduate Director

Date