
REQUEST FOR LEAVE OF ABSENCE

Note: A leave of absence request must be submitted to Graduate and Postdoctoral Studies before the first day of classes of the semester for which leave is asked. See GA.Rice.edu, "Voluntary Separations, "Leave of Absence."

Name: _____ Student ID: _____ Date: _____

Department: _____ Degree Sought: (e.g. MA, MS, PhD) _____

Date initially enrolled as graduate student _____ (Please be aware that you must complete your Master's degree within 5 years and your PhD within 10 years, and this includes any Leaves of Absence.)

Have you achieved candidacy? Yes No

If yes, date candidacy approved _____ If no, date candidacy expected _____

Are you receiving a stipend? Yes No Are you receiving a tuition waiver? Yes No

Is this for a medical leave? Yes No If yes, see medical readmission information:
GA.Rice.edu, "Voluntary Separations," "Medical Leave of Absence."

Is your library account clear (all books returned and library fines paid)? Yes No

Are you an international student? Yes No (If yes, OISS must review and sign this form.)

List ALL semesters included in this leave of absence request _____

List ALL previous semesters of non-enrollment _____

State specifically why you are requesting this leave of absence – (Please attach another sheet of paper if more room is needed).

Please be aware that, while on leave of absence, you will not be eligible for stipend payments, other student aid or visa support for the entire period of non-enrollment. Leaves of absence do not automatically renew. If you need an additional leave, please consult with your department.

Student Signature

Advisor Signature

Department Chair Signature

OISS Signature (for non-citizen/non-permanent resident)

RETURN TO GRADUATE COORDINATOR FOR SUBMISSION