**PhD Request for Semester Leave of Absence**



**(Pre-Candidacy Only)**

**Registration Services**

847.866.3905 | registrar@garrett.edu | 2121 Sheridan Road | Evanston, Illinois 60201 | 800.SEMINARY| www.garrett.edu

**STUDENT INITIATED REQUEST** Date requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Failure to complete this process will change your good standing status, which affects transcripts and reinstatement. Please fill in the form and then submit to the registrar’s office. \*\*Please read additional information on the third page.

LENGTH OF LEAVE OF ABSENCE:

A leave of absence can be granted for only one semester. If an additional semester is needed, the student must re-petition in a timely manner.

REASON FOR LEAVE OF ABSENCE:

*(Neither documentation nor details are required. It is up to the student how much they wish to share about the reasons for the request.)*

**Medical**

**Financial**

**Personal**

I understand that I must communicate with my advisor and with Doctoral Support/Registration Services in a timely way as the time nears for my re-entry, including completing the necessary registration process.

Student Signature  ID #

Mailing Address: (other than campus housing)

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Visa Type (if applicable):

RETURN COMPLETED FORM TO THE DOCTORAL SUPPORT AND/OR REGISTRATION SERVICES FOR NEXT STEPS

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| PhD Committee Approval: \_\_\_\_/\_\_\_\_/\_\_\_\_  -----------------------------------------------------------------------------------------------------------------  OFFICIAL WITHDRAWAL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (last day of attendance)  Registrar's signature: |

CC: Advisor, Financial Aid, Housing, Student Life, Academic Affairs, Library, Bursar, Technology Services