

## WILLIAM & MARY Graduate Arts & Sciences

## Leave of Absence Request Form

Use this form to leave of absence. Note: If you are a Virginia resident, prior to registration and before you return to classes you must submit an "Application for Virginia In-state Tuition Privileges," even if you have already submitted the application previously.

International students must consult with the Reves Center about how a leave might affect visa status.

## Instructions

Complete the form and attach a formal written request that briefly explains the purpose of your leave.

Signatures required before returning the form:

- Student;
- Advisor;
- Director of Graduate Studies for the student's graduate program;
- Additional signature as needed and indicated on the form.

Return form and formal written request to the Office of Graduate Studies (dean-gsr@wm.edu). Use your W&M email account when returning forms to the OGS.



OFFICE OF GRADUATE STUDIES
Blow Memorial Hall (Suite 326), 262 Richmond Road
757-221-1966 | dean-gsr@wm.edu

## **Leave of Absence Request**

| Student's Name:   | T. Griffin  | 93<br>Banner ID #:         | 89999999<br>           |
|---|---|----------------------------|------------------------|
| Dept/Program:   | M.A ANTH  | Degree: M.A.               | ☐ M.S. ☐ M.P.P. ☐ Ph.D |
| I request permission  | to take a leave of absence from my                | program, for the following | period of time:        |
| Up to One Semes   | ster Semester   Year                              |                            |                        |
| Up to One Year  | From Semester   Year                              | To Semester                | Year                   |
| Purpose of Leave: At purpose of the leave                             | ttach a formal written request to this requested. | s form that provides a con | cise summary of the    |
| Student Signature   |   |                            | Date                   |
| Advisor or Director o   | f Graduate Studies comments on co                 | nditions/expectations:     |                        |
|   |   | 0/                         |                        |
| Advisor: Print Name   Sig   | gnature   |                            | Date                   |
| Director of Graduate Studies: Print Name   Signature                  |   |                            | Date                   |
| (International Students) Reves Center Advisor: Print Name   Signature |   |                            | Date                   |
|   |   |                            |                        |
| <b>0</b>  |   |                            | Date                   |
| Time-to-degree exp  | ires: Revise                                      | d time-to-degree expires:  |                        |
| Admission term:   |   |                            |                        |
| Graduate Registrar  |   |                            |                        |