

**DELAWARE STATE UNIVERSITY
OFFICE OF GRADUATE STUDIES AND RESEARCH
LEAVE OF ABSENCE REQUEST FORM**

I, _____
Student Name D#

hereby request a leave of absence* through _____, 20____ from the

(Major/Concentration/Degree Program)

I understand that a leave of absence **does not** extend the time allowed for completion of the degree.

First semester registered in Current Program of Study: _____

Semester(s) Requesting Leave of Absence: _____

Semester of Return: _____

Student Signature Date

The Advisory Committee has discussed this request and:

Recommends:⁺ Denies: its approval. Please add any comments below:

Chair, Advisory Committee Date

Department Chairperson or Designee Date

(For use by the Office of Graduate Studies and Research)

Leave Request Denied (provide comments below):

Leave Request Approved through _____, 20____

Dean, School of Graduate, Adult and Extended Studies or Designee Date

*Student requests should be supported with documentation of extenuating circumstances along with all supporting documentation for the request for leave (see below).

⁺Programs should provide a revised Plan of Study with this form if recommending approval of leave request.

***Students: Please provide evidence of any extenuating circumstances and provide any supporting documentation to support your request for a leave of absence. Please upload attachment(s) here:**