

Leave of Absence Request

Return to: Academic Services, 1255 Murphy Hall, campus mail code: 142801, hours: 9 am - 4 pm.

Name (Last, First)			UID	
Degree Objective		Major		
Email			Citizenship/Visa Status	
Last Date of Class Attendance			Have you advanced to doctoral candidacy?	

I request a Leave of Absence for the following terms:

Fall Year
 Winter Year
 Spring Year

Primary Reason for the Leave:

- Outside Employment
 Medical
 Parental Obligations *
 Other Family Obligations
 Military
 Emergency
 Financial Hardship

* Parental obligations include childbirth, care of newborn or newly-adopted young child, the serious illness of a child, and other exceptional circumstances relating to a child. The child may be the student's child or that of a spouse or domestic partner.

Please explain (required):

Please indicate where you will be during your leave. If you are remaining in the U.S. please provide your full address.

Student Signature

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify the information. I understand that a false statement or misrepresentation on this form may result in the rejection of my application. The grant of this request for a Leave of Absence has no effect upon cases of alleged misconduct brought under the UCLA Student Conduct Code of Procedures (Code). It does not relieve me of my responsibilities to comply with all Code provisions, such as meeting with the Dean of Students or attending hearings. The terms of such grant may be superseded by sanctions imposed pursuant to the Code. I understand that I am responsible for any balance of the fee assessment, based on the date of this request and the refund percentage applied. I certify that, while on leave, I will not be actively working towards completion of degree requirements, including completing coursework, conducting research, preparing for or taking a comprehensive or oral qualifying exam, or working on a capstone project, thesis or dissertation.

Signature _____ Date _____

Please Obtain Approval Signatures in the Following Order

	Signature	Date
Department Chair or Authorized Faculty Advisor <i>This student is recommended for a Leave of Absence. I certify that it is not anticipated that the student will use more than 12 hours, combined, of university facilities and faculty time during the period of Leave.</i>		
Doctoral Committee Chairperson <i>For doctoral students who have advanced to candidacy.</i>		
Dashew Center Counselor <i>Non-immigrant international students are required to discuss the implications of Leaves of Absence on their visa status with a counselor in the Dashew Center for International Students and Scholars.</i>		
Graduate Division Financial Services Staff in 1228 Murphy Hall		

For Graduate Division Use: Approve Deny Graduate Dean's Signature _____ Date _____