

# University of the Incarnate Word

## LEAVE OF ABSENCE REQUEST

**PURPOSE:** To authorize a leave of absence during a Fall or Spring term.

Student Name	UIW ID (PDM)
Student local address	School
City State Zip code	Department
Student UIW Email	Program & Concentration

**Student's Petition: (Please attach a letter of explanation detailing the circumstances surrounding your request for a graduate leave of absence)**

Date of anticipated leave and return date (mm/yy – mm/yy)

Student signature Date 20

Rationale:

Advisor's Recommendation (change in program requirements) Approved Denied

Comments:

Advisor's Signature: Signature Date:

**ACTION BY THE GRADUATE SCHOOL**

Leave of absence approved through semester/session and year of return to program  
Leave of absence not approved

Signature of Graduate Dean Date:

**Distribution: Department School Graduate Studies & Research Registrar Student**

