



Graduate School

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Request for Leave of Absence

NOTE: Requires Adobe Acrobat to fill-in and sign

Student Name:

Student Number:

Degree, Program:

Term Admitted:

Requested Terms for LOA:
(No more than 1 year)

LOA Start Term:

LOA Return Term:

Have you previously taken a leave of absence?

Yes No

If yes, please indicate the term(s) and year(s) in which the leave was taken:

State the reason for requesting the LOA:

I understand there is a time limit for the completion of the degree, and I verify that the degree requirements will be completed within the prescribed time limit.

I understand if I am registered for classes, it is my responsibility to officially drop these classes by completing and submitting a drop/add form. I understand if I request a LOA after the designated drop/add period, I am responsible for full payment of tuition.

I understand if I am receiving Student Financial Aid, I must contact the Office of Financial Aid.

I understand that I must contact my Graduate Program prior to my return.

Student Signature

Date:

Advisor Signature
(Only if PhD and post-comps)

Date:

Program Director
Signature

Date:

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Date: