



**GRADUATE STUDIES
LEAVE OF ABSENCE FORM**

This form is to be submitted by a graduate student seeking formal Leave of Absence from Utica College. The original copy of this completed form should be sent to the registrar, with one copy distributed to each of the following: assistant vice president for academic affairs/dean, program director, and student.

Student Name:

Student ID Number:

Student Address:

Utica College Program:

Date:

Is this your first request for a Leave of Absence? _____ Yes or _____ No

Semester(s) and Year(s) for which Leave is requested:

Reason:

Program Director:

Signature

Date:

Assistant Vice President for Academic Affairs/Dean:

Signature:

Date:

When student is prepared to return to the college, it is necessary to complete the application for reactivation.

Further Information:

Contact the School of Graduate and Extended Studies at (315) 792-3001, or email gradstudies@utica.edu