

Leave of Absence Application

Instructions: Students are required to be continuously enrolled. If you are not going to be enrolled for a long semester (fall or spring), you must have an approved Leave Of Absence (LOA) on file. Please fill out all of the information below and submit this form along with a Graduate and Professional Student Petition to your department staff advisor, before the semester begins. You will only be allowed a maximum of 3 semesters of approved LOAs.

Last Name:	First Name:				
Student ID:	Departme	ent:	Program:		
UH Email Address:					
Degree Plan:	МА	M S Non-Thesis	M S Thesis	Ph.D.	
Semester for the LOA:_	mester for the LOA: Name of Advisor, if already selected:				
Prior Semester(s) of Approved LOA:			Semester of Program Entry:		
Reason for the Leave of	f Absence:				
Medical (provide	letter from heal	thcare professional)			
Work-related (pr	ovide employer'	s letter)			
Other Describe:					
(research, coursework,	and/or other r	you will make up for los equirements) be able to use University reso		rn to campus.	
the University before the star approved leave of absence do	rt of the semester oes NOT allow me		terminated from my prog of incomplete (I), nor doe	I leave of absence on file with gram. Also I understand that an s it extend my time limitation to	
Student Signature (Type fo	or student signature		 Da	te	