



Office of Graduate Studies  
 212 Koch Hall  
 Norfolk, VA 23529  
 Phone: 757-683-4885  
 Fax: 757-683-3004

Leave of Absence from  
 Doctoral Program  
 D7

\_\_\_\_\_  
 (Name) (UIN)

Enrolled in the \_\_\_\_\_ program  
 (Title of degree program)

has presented to the dissertation committee and the graduate program director a written petition for a leave of absence from graduate study from

\_\_\_\_\_ to \_\_\_\_\_. A copy of the petition along with supporting  
 (month/year) (month/year)

documentation is attached.

**STUDENT:**

I have read and agree to the policy for leave of absence in the Catalog. I understand the conditions and consequences of a leave, including the visa consequences, if I am an international student.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Committee:

Name (Print)	Signature
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
 Dissertation Chair Date

\_\_\_\_\_  
 Graduate Program Director Date

Original: Registrar's Office  
 Copy: Student  
 Graduate Program Director  
 Dissertation Chair