



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

Leave of Absence from Doctoral Program

(Student's Name) (UIN)

who is 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 is attached.
(month/year) (month/year)

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

Graduate Program Director:

Date: _____

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