



OLD DOMINION UNIVERSITY

The Graduate School

Leave of Absence from
Doctoral Program
D7

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

has presented to the dissertation committee or advisory 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 documentation is attached.
(month/year) (month/year)

STUDENT:

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

Signature of Student: _____ Date: _____

Approval of Committee:

	Print Name	Signature	Date
Committee Chair:	_____	_____	_____
Members:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Approval of Graduate Program Director:

Graduate Program Director _____ Date

Please send electronically to the Office of the University Registrar at etd@odu.edu.

- Copies: Graduate Program Director
- Dissertation or Advisory Committee Chair
- The Graduate School (graduateschool@odu.edu)
- VISA (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
- Student