



Request for a Leave of Absence

Graduate students may request a Leave of Absence of up to two consecutive semesters for childbearing, adoption, serious health conditions, dependent care (children, ill or injured partners, or aging parents), or financial hardship. A Leave of Absence stops the "time to degree" clock.

Student's Full Name (Last, First, Middle)

Student UID Number

Today's Date

@umd.edu

Student's UMD Email Address

Name of Graduate Program

Four-Character Program Code

Degree Sought

Month & Year Started

Reason(s) for a Leave of Absence:

- Childbearing/Adoption
- Dependent Care
- Financial Hardship

- Physical/Mental Health Condition*
- Military Service**

* Please include a [Supplemental Information](#) form
 ** Please include a copy of military orders

I am requesting a Leave of Absence for:

- Fall
- Spring
- Summer I/II
- Winter

Years: 20_____
20_____

With this Leave of Absence I plan to graduate in:

Semester/Term _____ Year _____

Number of Time to Degree Extensions I have received before:

For doctoral students: Have you advanced to candidacy?

No Yes _____
Semester/Term Year

By signing here, I affirm that I have read the [Leave of Absence policies](#) and that I understand the impact on registration, funding, loans, student accounts, housing, access to University resources, and visa status (for international students).

Student Signature _____ Date _____

Primary Advisor Name Signature Date Phone Extension UMD Email Address _____@umd.edu

Program Director Name Signature Date Phone Extension UMD Email Address _____@umd.edu

ISSS Representative Signature Date Phone Extension UMD Email Address _____@umd.edu
(F1 or J1 International Students Only)

Graduate School Approver Signature _____ Date _____

Please submit this form electronically to gradschool@umd.edu or mail to the Graduate School, 7809 Regents Drive, College Park, MD 20740