



Return from a Leave of Absence

At the end of an approved leave of absence, students must complete and submit this form prior to the beginning of the term the student intends to return to active study. Students who were on a leave of absence for medical reasons will be required to submit a supplemental form completed by the student's health care provider.

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

Student UID Number

Today's Date

Student's UMD Email Address @umd.edu

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](#)

I am requesting to return for:

Semester

Year

By signing here, I affirm that I have read the Leave of Absence policies (go.umd.edu/gs-leave-policy) 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

Director of Graduate Studies

Signature

Date

Phone Extension

UMD Email Address @umd.edu

ISSS Representative (F1 or J1 International Students Only)

Signature

Date

Phone Extension

UMD Email Address @umd.edu

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