

DUKE UNIVERSITY GRADUATE SCHOOL
2127 Campus Drive, Box 90068
Durham, NC 27708-0068
(919) 681-3257

Date: _____

LEAVE OF ABSENCE REQUEST FORM

Leave requests MUST be received in the Graduate School PRIOR to the first day of class in the semester for which you are requesting the leave.

Student: _____ Mailing Address: _____

Department: _____

Student ID Number: _____

Requesting leave of absence for the following term(s): _____ to _____
month/date/year month/date/year

Reason for Leave of Absence (required):

Do you plan to stay in the United States during your Leave of Absence? _____

Note: 1) Leave can be granted only to students who are in good academic standing. This includes the requirement of a zero balance on your Bursar's account. 2) Students cannot take more than two semesters of leave during the course of their graduate studies. 3) Time limitations which pertain to the various degrees and the completion of courses in which a grade of "I" (incomplete) was earned are not waived.

Please be sure to notify the Graduate School and your department, in writing, of your intention to return.

Failure to do so at least 30 days in advance of the start of classes may result in your withdrawal from the Graduate School.

Signature of student _____

Signature of Director of Graduate Studies _____

This request has been approved denied. _____
(for The Graduate School)