

Processor:

Student Leave of Absence Request Form Graduate/Undergraduate

| Student Name: | ID: | |
|--|---|---|
| Email Address: | Phone Number: | Date: |
| degree student. Degree-seeking sto (excluding summer and winter) to The University recognizes, howeve of studies. Under such circumstance | udents are expected to register for coumaintain the degree requirements in eler, that a student may experience circuntes, a student may be absent for as long | ee requirements at UB after enrolling as a rses each semester on a continuous basis fect at the time of their initial enrollment. Instances that require a temporary interruption as two consecutive semesters (excluding we of absence will be noted on the official |
| If a student will be absent for more to the beginning of the third term. | e than two major terms, the student mu | ust receive an approved leave of absence prior |
| Please complete and forward the in | nformation below to the Office of Reco | rds and Registration for processing. |
| · | re the approval of the appropriate prog require the approval of the appropriat | |
| Term Admit: | | |
| I would like to request a leave of al | osence from my studies effective: | Ex. Fall 2015 |
| Reason for extension: | | |
| Student Signature: | | |
| I approve the leave of absence for: | | |
| Comments: | | |
| Name of Dean or Program Director | : | |
| Signature of Dean or Program Dire | ctor: | Date: |
| Processor: | Processed Date: | |