



# Leave of Absence Request

This form is to request a leave of absence from CMU's continuous enrollment requirement for graduate students.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current address: \_\_\_\_\_  
City State/Country Zip/Postal Code

Permanent address: \_\_\_\_\_  
City State/Country Zip/Postal Code

Contact Information: \_\_\_\_\_  
Email Phone

Degree:  MA  MS  MM  MFA  MBA  MPA  
 MSA  MAHum  Grad. Certificate  Specialist  
 AuD  EdD  PhD  DPT

Option/Area of Concentration (if applicable): \_\_\_\_\_

# of Graduate Credit Hours completed at CMU: \_\_\_\_\_

Although students may request a leave of absence, they must still complete their degree *within the time-to-degree limitations set forth by the University and the College of Graduate Studies* (Graduate Certificate: 4 years; Master's degree: 7 years; Doctoral degree: 8 years with prior Master's degree or 10 years without a prior Master's degree). Coursework completed beyond the allotted time for a certificate or degree cannot be used to meet the graduation requirements for a certificate or degree. **Leave of Absences granted by the College of Graduate Studies are for a maximum of one academic year.**

Below provide a brief description of the "extenuating circumstances" which justify the leave of absence. Typically "life" events (marriage, births, and employment changes) are not considered extenuating circumstances.

I hereby request a leave of absence from my degree program:

Effective:  May  August  December Year: \_\_\_\_\_ Ending:  May  August  December Year: \_\_\_\_\_

I understand that I **must still complete my degree by:**  May  August  December Year: \_\_\_\_\_

Student: \_\_\_\_\_  
Signature Print Name Date

### DO NOT WRITE BELOW THIS LINE

Approve Deny

Advisor: \_\_\_\_\_  
Signature Print Name Date

Department Chair: \_\_\_\_\_  
Signature Print Name Date

College of Graduate Studies Dean: \_\_\_\_\_  
Signature Print Name Date

Distribution: College of Graduate Studies, Advisor, Department, Student