SCHOOL OF MARINE SCIENCE REQUEST FOR LEAVE OF ABSENCE



| STUDENT LAST NAME | STUDENT FIRST NAME | M.I. | BANNER ID | | DEGREE PROGRAM |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| ADMIT TERM & YEAR | LEAVE - REQUESTED BEGIN DATE | LEAVE – EXPECTED EI | ND DATE | EXPECTED DEGREE COMPLET | |
| MAILING ADDRESS - DURING LEAVE | (INCLUDE STREET ADDRESS, CITY, S | STATE, ZIP/POSTAL CODE | E, COUNTRY) | | |
| EMAIL ADDRESS | | | PHONE | | |
| Leave of Absence Policy: Under unusual circumstances, and folkabsence. An approved leave of absence tuition. It is understood that a student or terminate the leave of absence and be The milestone timeline and time limit fo student's milestone timeline and time limit | ce is limited to a maximum of one caler in a leave of absence is not present on a registered student in the semester in or degree completion requirements will | ndar year during the stude campus, not receiving fin which the student's degr | ent's degree prog nancial support an ree requirements | ram, and relieves the student of nd not drawing upon campus re- are completed and/or in which to | f the obligation of paying sources. A student must the student graduates. |
| I request a leave of absence from my degree program according to the begin and end dates listed above. Is this an extension from an earlier request? If yes, when did your initial leave of absence begin? | | | | | |
| STUDENT SIGNATURE DATE SIGNED CUSTON | | | | | |
| Please provide your reason for requesting a leave of absence (or extending an existing leave request): | | | | | |
| Approvals: MAJOR ADVISOR NAME | Signature | Det | ail | DATE | |
| Advisor Recommendation & Com | MMENTS: | | | | |
| Co-Major Advisor Name | SIGNATURE | | | DATE | |
| Co-Advisor Recommendation & | COMMENTS: | | | | |
| INTERNATIONAL STUDENT ADVISOR | NAME SIGNATURE | | | DATE | |
| INTERNATIONAL ADVISOR RECOMME | ENDATION & COMMENTS: | | | | |
| Associate Dean for Academ | nic Affairs Action: | | | | |
| ASSOCIATE DEAN NAME | SIGNATURE | | | DATE | |
| COMMENTS: | | | | | |

DocuSign form will automatically route to the SMS Registrar and all signers will receive a final PDF copy of the form.