



Leave of Absence Request

This form is to request a leave of absence from CMU's continuous enrollment requirement for graduate students. Final decisions regarding Leave of Absence Requests reside with the Office of Research & Graduate Studies.

SCAN as a PDF ONLY and email to cgsforms@cmich.edu. Hard copies are not accepted.

Student: _____ ID#: _____
Print Name Signature

Email Address: _____ On-Campus Off-Campus

Degree: Graduate Certificate Specialist
 MA MS MM MFA MBA MPA MSA
 AuD EdD PhD DPT

Option/Area of Concentration (if applicable): _____

of Graduate Credit Hours completed at CMU: _____

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

Effective: May August December Year: _____ Ending: May August December Year: _____
Leave of Absences granted by the College of Graduate Studies are for a maximum of one academic year.

I understand that I must still complete my degree by: May August December Year: _____
Degrees must still be completed within the time-to-degree limitations. Coursework completed beyond the allotted time cannot be used to meet the degree requirements. Graduate Certificate: 7 years; Master's or Specialist's degree: 7 years; Doctoral degree: 8 years with prior Master's degree or 10 years without a prior Master's degree

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

DO NOT WRITE BELOW THIS LINE

Approve Deny
 Advisor: _____
Signature Print Name Date
 Program Director/Dept Chair: _____
Signature Print Name Date
 Office of Research and Graduate Studies: _____
Signature Print Name Date