



Leave of Absence Request

This form is to request a leave of absence from CMU’s Continuous Registration Policy for on-campus 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: _____

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 or Master’s or Specialist’s Degree: 7 years

Doctoral Degree: 8 years with prior graduate degree or 10 years without a prior graduate degree

Provide a brief description of the “extenuating circumstances” which justify the leave of absence below. (Extenuating circumstances are circumstances in which the student would be entitled to an extended leave from work or other responsibilities. Examples may include, but are not necessarily limited to military service and situations that would be covered under the Family Medical Leave Act.)

DO NOT WRITE BELOW THIS LINE

Approve Deny

Advisor: _____
Signature Print Name Date

Department: _____
Signature Print Name Date

Research and Graduate Studies: _____
Signature Print Name Date