

Indiana University College of Arts & Sciences
College Graduate Student Leave of Absence Request
*Please complete, sign, and submit along with medical certification to the Graduate Office,
 College of Arts & Sciences (014 Kirkwood Hall).*

Last	First	Student ID #
Department	Student Academic Appointment / hours per week	<input type="checkbox"/> Paid Family & Medical Leave <input type="checkbox"/> Unpaid Discretionary Leave

Anticipated date leave is to begin _____ end: _____

This Leave of Absence is for the following qualifying reason:

- a serious health condition requiring an absence of 3 weeks or more
- care of a child within 12 months of birth or adoption of a child
- care of a spouse, domestic partner, child or parent with a serious health condition when the student is the primary or co-primary caregiver and the absence is anticipated to continue for at least 3 weeks
- death of a spouse, domestic partner, child or parent

Name/Relationship of relevant family member: _____

Note: Same sex domestic partner and children of partnership coverage must be qualified by the University's Affidavit of Domestic Partnership.

- Other, please attach explanation

Requested accommodations:

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Term extension of incompletes and milestones | <input type="checkbox"/> Grade of Incomplete for current coursework |
| <input type="checkbox"/> Absence from Student Academic Appointment duties | <input type="checkbox"/> Complete withdrawal from coursework |
| <input type="checkbox"/> Transfer of all current credits to research | <input type="checkbox"/> Other, please attach explanation |

Student Signature	Date	
Faculty Advisor	Signature	Date
Director of Graduate Studies	Signature	Date
Department Chair (required for paid leave request)	Signature	Date

FOR GRADUATE OFFICE USE ONLY:

____ Leave *conditionally* approved pending receipt of medical certification (received w/in 15 days on _____)
 ____ Leave *approved*

With the following accommodations:

- | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Extension of incompletes and milestones | <input type="checkbox"/> Grade of incomplete for current coursework |
| <input type="checkbox"/> Transfer of all current credits to research | <input type="checkbox"/> Complete withdrawal from coursework |
| <input type="checkbox"/> Change in SAA duties | <input type="checkbox"/> Other (see attached) |

Leave *denied* because Student:

- is not enrolled full-time in a College Graduate program or is not in good academic standing
- has not been enrolled full-time in a College Graduate program for 1 semester before/between leaves
- does not have a qualifying reason for leave
- has exhausted calendar year allotment
- is not eligible for paid-leave because the student does not hold an eligible College appointment
- did not submit medical certification

Graduate Office, College of Arts and Sciences (signature)	Date
Associate Dean, University Graduate School (signature required for milestone extension)	Date
Date given to student: _____ Via: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other (specify): _____	