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).*

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<tr>
<th>Last</th>
<th>First</th>
<th>Student ID #</th>
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<tr>
<th>Department</th>
<th>Student Academic Appointment / hours per week</th>
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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:**

- □ Term extension of incompletes and milestones  
- □ Absence from Student Academic Appointment duties  
- □ Transfer of all current credits to research  
- □ Grade of Incomplete for current coursework  
- □ Complete withdrawal from coursework  
- □ Other, please attach explanation

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Student Signature  
Date

Faculty Advisor  
Signature  
Date

Director of Graduate Studies  
Signature  
Date

Department Chair (required for paid leave request)  
Signature  
Date

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**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:

- □ Extension of incompletes and milestones  
- □ Transfer of all current credits to research  
- □ Change in SAA duties  
- □ Grade of incomplete for current coursework  
- □ Complete withdrawal from coursework  
- □ 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:  __ U.S. Mail __ Hand Delivered __ Other (specify): ______________