



APPLICATION FOR GRADUATE STUDENT LEAVE

INSTRUCTIONS FOR FILLING OUT THIS FORM:

****This form must be submitted by the 10th day of class during the semester of leave.****

Fill out this form completely and accurately. Submit the completed form to your department's Academic Coordinator for department review and subsequent forwarding to the Graduate School.

For questions, please contact the Graduate School by calling (509) 335-1446 or by sending an email to gradschool@wsu.edu.

Name: (Last, First M)		WSU I.D. Number: (required)	
E-Mail Address:		Phone Number:	
Program:	Degree:	Doctoral:	Masters:

Campus: Pullman: Tri-Cities: Vancouver: Spokane: DDP: **Int'l (F-1/J-1) Student:** Yes: No:

	Check here if you have an approved program of study on file.
	Check here if you would like to retain library privileges while in graduate leave status.

NOTE: Graduate leave status may be requested for up to one calendar year. Leave requests for longer periods of time are granted only for special circumstances. International (F-1/J-1) students must get approval from International Programs. Students should contact Health and Wellness Services Insurance and Billing Office regarding insurance options for the semester on leave. See Policies and Procedures, Chapter 5, Section A. Official Leaves of Absence.

PLEASE INDICATE THE TERM YOU PLAN TO BEGIN YOUR LEAVE:

FALL: _____ (Year)	SPRING: _____ (Year)	SUMMER: _____ (Year)
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PLEASE INDICATE THE TERM YOU PLAN ON RETURNING:

FALL: _____ (Year)	SPRING: _____ (Year)	SUMMER: _____ (Year)
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YOUR REASON(S) FOR REQUESTING LEAVE:

Medical (Attach documentation)
Financial
Job Obligations
Family Obligations

Military Service
Peace Corps
Other (please explain)

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

DEPARTMENT CHAIR SIGNATURE	DATE
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INTERNATIONAL PROGRAMS SIGNATURE (If Applicable)	DATE
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GRADUATE SCHOOL USE ONLY:	
Graduate Leave Approved	Yes : <input type="checkbox"/> No: <input type="checkbox"/>
Dean's Signature	Date
Student's Completion Date (Office Use Only)	