

Case Western Reserve University  
School of Graduate Studies

PETITION FOR A LEAVE OF ABSENCE

Name:		ID Number:	
Address:		E-Mail:	
		Phone:	

**Academic Policy on Leave of Absence from Graduate Study**

The request must not exceed two consecutive academic semesters. In exceptional circumstances, a leave can be extended for another two semesters. The maximum amount of leave permitted per graduate program is four semesters. A leave of absence does not extend the maximum time permitted for the completion of degree requirements, and a leave cannot be taken while students are on extension of the five-year time limit.

Maternity, paternity or military obligations do not count towards the five-year time limit for degree completion. The length of the extension may not exceed two years.

I am requesting a:  leave of absence  
 military leave of absence  
 maternity/paternity leave of absence

through \_\_\_\_\_  
Please state the semester through which the leave is requested (for example, Fall 2005).

In the space below, please provide an explanation to support the reason for the leave of absence if not requesting a maternity, paternity or military leave of absence.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_