

College of Graduate & Professional Studies (CGPS) - Indiana State University
Graduate Student Leave of Absence

Printed Name:

Student ID (991#):

Address:

Telephone Number:

Email address:

Academic College:

Department:

Program & Degree:

Hours completed toward degree:

Hours remaining in degree:

Reason for the Request: (Attach other pages as needed.)

Expected date of return to the program:

Student Signature:

Date

Academic Advisor Printed Name:

Signature: _____ Date _____

I support this petition I do not support this petition

Chairperson Printed Name:

Signature: _____ Date _____

I support this petition I do not support this petition

CGPS Dean Printed Name:

Signature: _____ Date _____

I support this petition I do not support this petition