

Graduate Student Leave of Absence Request Form

Graduate students who wish to discontinue their studies for up to 12 months must file for a leave of absence according to Rowan [policy](#). A leave of absence cannot be granted when the student is currently enrolled in classes nor granted retroactively.

Instructions:

- 1) Drop/withdraw from the class(es) for the semester you are requesting a leave of absence*. **A student who chooses to drop classes should first assess the impact on insurance coverage, financial aid, loan repayments, residential living, or other conditions that may require academic course enrollments.**
- 2) Complete this form and obtain the Approval Signatures**.
- 3) Submit this form to graduateschool@rowan.edu AFTER having obtained all of the necessary signatures in the "Approval Signatures" section.** If you need to extend this leave of absence later, please complete a new form. Students may request a leave of absence for a maximum of 12 months in 6-month increments.

Student Name: _____ Banner ID: _____

Check one: Domestic Student International Student

Academic Program: _____

Requested leave of absence effective start date:

Estimated date of return from Leave of Absence:

Reason(s) for the Leave of Absence Request:

- Medical/Family Leave - Mandatory approval
- Military - Mandatory approval
- Academic
- Financial
- Internship
- Personal
- Work
- Other

Please let us know why you are requesting a Leave of Absence:

I have spoken to my program about the consequences of interrupting my program of study and the conditions that will need to be satisfied to return to the university. We also discussed graduate assistantships/fellowships, and/or scholarship aid that may be affected or withdrawn due to an approved Leave of Absence. Additional financial aid consequences may occur according to federal financial aid regulations. I will fill out the School of Graduate Studies' Leave of Absence Intent to Return Form stating my intent to return no later than one month prior to the expiration of the leave or fill out a Leave of Absence Request Form (up to a maximum of 12 months). Leave of Absence Request or status does not override or overturn any pending academic or disciplinary action.

Student Signature Acknowledgment _____ Date _____

Approval Signatures:

Graduate Program Coordinator _____ Date _____

College/School (Dean/Designee) _____ Date _____

Note to International Students:

* International students on an F1 or J1 visa should consult an ISSS/International Center advisor BEFORE dropping any classes for a future or current academic term:

<https://sites.rowan.edu/international/aboutus/location.html>

**International students on an F1 or J1 visa must obtain additional permission from the International Center prior to submitting this leave of absence. Others do not need this signature.

International Center Signatory _____ Date _____

FOR INTERNAL USE ONLY

Dean of Graduate Studies Signature _____ Date _____

Leave of Absence Effective Dates:

Additional Leave of Absence Request or Intent to Return Form due:

Notified Program of effective dates:

Notified rowanic@rowan.edu as appropriate: