



SCHOOL OF INFORMATICS

INDIANA UNIVERSITY
IUPUI

LEAVE OF ABSENCE FORM

First Name: _____ Last Name: _____

University ID: _____ E-mail: _____

Current Student Status: BS MS PhD

Current Academic Area:

Undergraduate: HIA INFO MAS
Graduate: BIO HCI HEA MAS
PhD: BIO HCI HEA

Check all that apply:

- U.S. Citizen
- International Student
- Permanent Resident
- Are you funded by the school? Yes No

LEAVE OF ABSENCE INFORMATION

- Leaves are granted for a maximum of one year
- Attach a written statement containing an explanation for requesting a leave
- Students who take leave for other than medical reasons relinquish school funding [if applicable]
- Students who fail to return from approved leaves of absence will be withdrawn from the school
- Please note that if you are registered for courses, it will be your responsibility to withdraw for the term that you are requesting a leave

I request a leave of absence for the following academic period beginning:

Beginning Date: _____

I will return to classes: Fall Spring Summer 20____

Print Student's Name: _____ Student's Signature: _____

School Approval:

Print Name: _____	Signature: _____
Date: _____	

Copies to: Student Student File Department Graduate Office Business Office

Office of Student Services