



GRADUATE SCHOOL LEAVE OF ABSENCE FORM

Name: _____ ID#: _____

Local Address & Phone #: _____

Degree Program: _____ Department/School: _____

Beginning term of the leave of absence (Semester & Year): _____

Term I plan to renew studies (Semester & Year): _____

Reason for request:

Program Summary

Courses and other requirements completed to this date: (You may attach a copy of an up-to-date transcript.)

Courses and number of credits for which you are presently enrolled:

List all other requirements for your program, and give a timetable for completion of those requirements:

Location where I can be reached during my Leave of Absence:

Address: _____ Phone #: _____

E-mail: _____

SCHOOL OF EDUCATION:

Master's Degree - I understand that all required program elements for the Master's degree (including non-degree and transfer work completed before the term I was admitted to the program) must be completed within six (6) years of commencing graduate course work at The University of Montana.

Education Specialist Degree - I understand that all required program elements for the Education Specialist degree must be completed within eight (8) years of commencing graduate course work at The University of Montana.

Doctoral Degree - I understand that all required program elements for the Doctoral degree must be completed within ten (10) years of commencing graduate course work at The University of Montana.

ALL OTHER DISCIPLINES:

Master's Degree - I understand that all required program elements for the Master's degree (including non-degree and transfer work completed before the term I was admitted to the program) must be completed within five (5) years of commencing graduate course work at The University of Montana.

Doctoral Degree - I understand that all required program elements must be completed within seven (7) years of commencing graduate course work at The University of Montana.

CONTINUOUS REGISTRATION:

Graduate students in degree programs must register for credits each Fall and Spring Semester (with exceptions including some distance learning programs or the School of Education where students may be registering primarily in the Summer). I understand that I am not required to be registered during an approved leave of absence, however, the continuous registration rule still applies upon my return.

Student's Signature: _____ Date: _____

Department Chair's
or Dean's Signature: _____ Date: _____

Approved

Denied

Graduate Dean: _____ Date: _____

Leave approved for the period of time requested

Denied