

## Request for Leave of Absence

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Leave is requested for the following semester(s)/year(s) \_\_\_\_\_

Reason for leave (Students granted a leave are not expected to be working or consulting with their faculty advisor, taking examinations, or using other University facilities):

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Program Guidance Committee Chair Date

\_\_\_\_\_  
Signature of INF Ph.D. Program Director Date

\_\_\_\_\_  
Signature of Dean of Graduate Studies Date