

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

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