



Request for a Leave of Absence

Select a Program: _____

Student's Name: _____ Banner ID: _____

Term (s) of Leave: _____ Returning Term: _____

First or Second Leave of Absence	Current GPA	Completed Semester Hours	Student 's Email
_____ Student Signature		_____ Academic Advisor Signature	
_____ Faculty Advisor Signature	_____ Type Name	_____ Department	
_____ Program Coordinator Chair Signature	_____ Type Name	_____ Department	
_____ Department Chair Signature	_____ Type Name	_____ Department	
_____ College Dean Signature	_____ Type Name		
_____ Graduate Studies Dean Signature	_____ Type Name		

Please provide a detailed justification:

A student who is in good standing may petition for a leave of absence of no more than two full academic terms. Complete this form. Upload to [CGS website](#) to be routed for signatures. Contact CGS with questions 361.825.2174.

For College of Graduate Studies Use Only:

Entered in Banner _____ Entered on Spreadsheet _____