

DUKE UNIVERSITY GRADUATE SCHOOL  
127 Allen Building, Box 90066  
Durham, NC 27708-0066  
(919) 681-3267

Date: \_\_\_\_\_

**LEAVE OF ABSENCE REQUEST FORM**

**Leave requests MUST be received in the Graduate School PRIOR to the first day of class in the semester for which you are requesting the leave.**

Student: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Department: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Requesting leave of absence for the following term(s): \_\_\_\_\_ to \_\_\_\_\_  
month/date/year month/date/year

**Reason for Leave of Absence (required):**

\_\_\_\_\_

*Do you plan to stay in the United States during your Leave of Absence?* \_\_\_\_\_

**Note:** 1) Leave can be granted only to students who are in good academic standing. This includes the requirement of a zero balance on your Bursar's account. 2) Students cannot take more than two semesters of leave during the course of their graduate studies. 3) Time limitations which pertain to the various degrees and the completion of courses in which a grade of "I" (incomplete) was earned are not waived.

**Please be sure to notify the Graduate School and your department, in writing, of your intention to return. Failure to do so at least 30 days in advance of the start of classes may result in your withdrawal from the Graduate School.**

Signature of student \_\_\_\_\_

Signature of Director of Graduate Studies \_\_\_\_\_

\*\*\*\*\*

This request has been  approved  denied. \_\_\_\_\_  
(for The Graduate School)

Date: \_\_\_\_\_