

Graduate Student Petition for a Leave of Absence

- Graduate School policy requires students to register for a minimum of one credit hour each fall and spring term until all requirements for the degree are completed. If you are facing circumstances that will interrupt your continuous registration, you must secure a formal Leave of Absence for the relevant term.
- A Leave of Absence must be negotiated through your department chair or director of graduate studies, and forwarded to the Office of the Registrar **by the last day of classes of the term in which the leave is to begin.**
- Normally, a Leave of Absence is granted for a **maximum of one year**, but may be extended for up to one additional year if circumstances warrant.
- Each department may establish its own policies within the purview of these guidelines.
- **NOTE:** Students approved for a Leave of Absence remain liable for any outstanding tuition and fee charges on their student account. Any existing "incomplete" grades on your record are held to the regular default time limit for completion.

Last Name _____ First Name _____

UB Person Number _____ -- _____ E-mail _____

Matriculating Dept. _____ Master's _____ Ph.D. _____ Au.D. or DNP _____

What is your means of financial support? _____

Are you an international student on an F-1 or J-1 visa? *Yes _____ No _____

F-1 and J-1 international students **must obtain approval from International Student Services before their leave of absence request will be processed. After obtaining all other required signatures, upload this form in the Leave of Absence E-Form found in my ISSS.*

Leave requested beginning: Fall Spring _____ (year)

Semester returning: Fall Spring _____ (year)

Reason for Leave: _____

Required Approvals:

Student _____ Date _____
print signature

Major Advisor _____ Date _____
print signature

Chair/Director of Grad Studies _____ Date _____
print signature

*Int'l Student Services Advisor _____ Date _____
print signature

SUBMIT completed form with required approvals to the OFFICE OF THE REGISTRAR for processing:
University at Buffalo, Registrar at 1Capen, Buffalo, NY 14260, UBregistrar@buffalo.edu

FINAL ACTION TAKEN: _____ Approved _____ Denied

Registrar _____ Date _____

Comments: _____