



BOWLING GREEN STATE UNIVERSITY
Graduate College

SAMPLE
LEAVE OF ABSENCE REQUEST

First name: FIRST NAME Last name: LAST NAME BGSU ID: 0123456789

Field of Study: FIELD OF STUDY Planned Graduation Date: MAY 2019

Reason for requesting a leave of absence: Reason for requesting leave here

Duration of requested leave (maximum of 12 months): Duration of requested leave here

Semester of planned return to BGSU: Semester of planned return to BGSU here

Graduate Coordinator Approval: GRADUATE COORDINATOR SIGNATURE HERE

The signature of the graduate program coordinator indicates support of the student leave.

Graduate College Decision: GRADUATE COLLEGE SIGNATURE HERE APPROVE/DENY

Please note the following:

- A student is not permitted to take classes or use university services during an approved leave of absence.
 - An approved leave of absence will pause the time-to-degree clock.
 - The student will not be required to register for thesis/dissertation credits (6990/7990) during an approved leave of absence.
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