



THE GRADUATE SCHOOL AT UMBC

REQUEST FOR RETROACTIVE LEAVE-OF-ABSENCE

LEAVE-OF-ABSENCE: LOA requires notification of the academic department; retroactive LOA also requires approval of the Graduate School.

Name: <i>(last, first, M.I.)</i>		Student ID:
Graduate Program:		Degree:
Current Address:		
E-mail Address:	Home Phone: - -	Work Phone: - -
<b>LEAVE-OF-ABSENCE</b>		
Effective:		Semester: _____ Year: _____
Semester of Return:		Semester: _____ Year: _____
Reason for request:		

Note:

- Please be advised that a Leave-of-Absence is granted for one semester at a time.
- Requests made after the advance/early registration period for the desired leave time requires Graduate School approval.
- There will be a \$10.00 charge assessed to process each semester retroactive Leave-of-Absence.
- A Leave-of-Absence does not extend the time allowed to fulfill degree requirements.

ACKNOWLEDGMENT/APPROVAL SIGNATURES

Please type and sign

Student:	Signature:	Date:
Graduate Program Director:	Signature:	Date:
Director of Progressions: Lisa P. Morgan	Signature:	Date: