

### Graduate Student Petition for a Leave of Absence

- Graduate students must register for a minimum of one credit hour each fall and spring term until all requirements for the degree are completed. If continuous registration is impossible at any time, the student must secure an official Leave of Absence for the relevant term.
- Requests for leaves of absence must be negotiated through the chair or director of graduate studies of the student's major department, and, where appropriate, the area or divisional committee using this form.
- Requests for leaves of absence must be forwarded to the Office of the Registrar by the last day of classes of the semester in which the leave is to begin.
- Normally, leaves are 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. In addition, any existing "incomplete" grades are held to the IU 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? Yes \_\_\_\_\_ No \_\_\_\_\_ *International students should consult with International Student & Scholar Services. 210 Talbert Hall, (716)645-2258 to ensure their immigration documents are in order.*

**Leave requested beginning:**     Fall                     Spring                    \_\_\_\_\_ (year)

**Semester returning:**         Fall                     Spring                    \_\_\_\_\_ (year)

**Reason for Leave:** \_\_\_\_\_

**Required Approvals:**

Student \_\_\_\_\_ Date \_\_\_\_\_

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_

Dept. Chair or Director of Grad. Studies \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT THIS FORM with required approvals to the OFFICE OF THE REGISTRAR for processing:**

University at Buffalo  
Registrar at 1Capen  
Capen Hall  
Buffalo, NY 14260  
[UBregistrar@buffalo.edu](mailto:UBregistrar@buffalo.edu)

**FINAL ACTION TAKEN:**    \_\_\_\_\_ Approved                    \_\_\_\_\_ Denied

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_