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: ______________________________________________________________