



THE  
**GRADUATE  
 SCHOOL AT UMBC**  
**REQUEST FOR LEAVE OF ABSENCE  
 FROM DOCTORAL CANDIDACY**

Name: <i>(last, first, M.I.)</i>		Student ID:	
Street Address:	City:	State:	Zip Code:
E-mail Address:		Phone: - -	
Number of 899 Credits Completed:	Reasons for leave of absence: <input type="checkbox"/> Health <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Personal <input type="checkbox"/> Other		
Please provide further explanation for your request:			
Semester requesting leave: <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____			

**Note: Deadline for submission is the day before classes begin.**

**ACKNOWLEDGMENT / APPROVAL SIGNATURES**

I certify that this student will not be making use of any university resources during the leave of absence, including the library, computer services, and discussions with the dissertation mentor or committee members.

Please **type and sign**

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