UNIVERSITY OF MASSACHUSETTS BOSTON

LEAVE OF ABSENCE REQUEST FORM

If you need to take time off from your graduate program, this form must be filled out and approved by your Graduate Program Director. If a leave of absence is approved, the time limit for completing the degree will be extended accordingly. Please keep in mind that the $175.00 program fee is required for each semester you are on your leave of absence. Upon receipt of the approved leave of absence form, you will be put on program fee status and you will be billed for the $175 fee. If the form is submitted after the add/drop period, you will also be billed for the $50.00 late fee.

UMS # _____

Social Security #_____

Name _____

Graduate Program _____

Semester(s) to be on Leave of Absence: Fall_____ **Spring** _____**Semester to Return** _____
yr. yr.

Please state reason you are requesting a leave of absence: _____

_____

_____

_____

_____

Student Signature: _____ **Date** _____

Graduate Program Director Signature _____ **Date** _____

Registrar's Office Signature _____**Date**_____