

Students may experience situations which impact their ability to be continuously enrolled. A student may request a leave of absence to suspend activities associated with course work or thesis/dissertation research. This form must be submitted two weeks before the beginning of the semester for which the leave is requested. Upon approval, the continuous enrollment requirement will be relaxed during the period of leave. A Readmission Form should be filed before the planned semester of re-enrollment.

*International students must consult with an international student advisor in the Graduate School to discuss how a leave of absence affects their immigration status.*

PERSONAL INFO

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
Last 4 of VT ID #: _____			
Date of Birth: _____ month/day/year			
E-mail Address: _____ @vt.edu account, preferred			
Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile			
Address During Leave _____ _____ _____			
city state zip country			

REQUIRED INFO

<b>Last Term of Enrollment</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year	<b>Expected Term of Readmission</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year
<b>Please clarify your reason(s) for requesting a leave of absence.</b> <input type="checkbox"/> PERSONAL <input type="checkbox"/> FAMILY EMERGENCY <input type="checkbox"/> ACADEMIC <input type="checkbox"/> MILITARY SERVICE <input type="checkbox"/> OTHER: (PLEASE SPECIFY BELOW)	

*During the period of my leave of absence I will not use University resources or facilities (other than the library).* \_\_\_\_\_  
 STUDENT SIGNATURE date

**Required Signatures**

COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (@vt.edu, preferred)	date
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature	date		
INTERNATIONAL GRADUATE STUDENT SERVICES (for F & J-1 students) signature	date		
GRADUATE SCHOOL signature	date		

**Return your completed form to:**  
**Graduate School**  
 Graduate Life Center at Donaldson Brown  
 Virginia Tech (0325) • Blacksburg, VA 24061  
 Fax: 540/231-2039

**Questions?** Call 540/231-8636 or e-mail [grads@vt.edu](mailto:grads@vt.edu) for assistance.

SIGNATURES