LEAVE OF ABSENCE REQUEST

Use this form to pause your graduate enrollment and suspend activities associated with coursework or thesis/dissertation research. Submit this form by the end of the course-add period in the semester for which the leave is requested. Upon approval, the continuous enrollment requirement will be relaxed during the period of leave. If the leave is longer than one calendar year, you must submit a Readmission Application to resume enrollment. International students must consult with an international student advisor to discuss how a leave of absence affects their immigration status.

Last/Family Name	First/Given Name	Middle Name
Last 4 digits of VT ID:	Citizenship	
Last 4 digits of V1 lb.	U.S. Citizen Permanent Resider	nt Non-U.S. Citizen*
	*If non-U.S. citizen, please list your visa sto	atus:
E-mail Address:		
@vt.edu account, preferred		
•		Current Program:
Campus		current riogram.
Blacksburg "Hampton Roads "National Capital Region Ric Roanoke Southwest Virginia Virtual	hmond	
Roanoke Southwest Virginia Virtual		
		Degree Level
Last Term Of Enrollment		Doctoral
Fall Spring Summer Year		Education Specialist
		Master's
Expected Term of Readmission		Graduate Certificate
Fall Spring Summer Year		Non- Degree
		Commonwealth Campus
Please clarify your reason(s) for requesting a leave of absence.		
Personal Family Emergency Academic	Military Service Other: (Please Specify Below	w)
During the period of my leave of absence I will not use university res	ources or facilities (other than the library).	
STUDENT Signature		Date (MM/DD/YY)
STODENT Signature		Bate (MINI) BB/ 11)
COMMITTEE CHAIRPERSON Signature	e-mail (@vt.edu, prefer	red) Date (MM/DD/YY)
DEPARTMENT HEAD Signature or authorized GRADUATE PROGRAM DIRECTOR	Date (MM/DD/YY)	
or authorized GRADUATE PROGRAM DIRECTOR		
	_	
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) Signature	Date (MM/DD/YY)	Submit your completed form:
2	,,==,,	https://gs.vt.edu/forms
		120 Graduate Life Center, Blacksburg
INTERNATIONAL ADVISOR (for F-1 and J-1 students) Signature	Date (MM/DD/YY)	NVC 7054 Haycock Road, Falls Church
THE THE TOTAL ADVISOR (TOT 1 1 and 3-1 students) signature	Succ (MINI/DD) 11)	For assistance, call 540-231-8636 or
		e-mail grads@vt.edu
CDADUATE SCHOOL Signature	Dot- /AAA/DD/00	e man gradde vileda
GRADUATE SCHOOL Signature	Date (MM/DD/YY)	