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/Civan Name	Middle Name
Last/Family Name	First/Given Name	Middle Name
Last 4 digits of VT ID:	Citizenship U.S. Citizen Permanent R *If non-U.S. citizen, please list your v	
E mail Address	,	-
E-mail Address:		
@vt.edu account, preferred		
Campus		Current Program:
	chmond	
Roanoke Southwest Virginia Virtual		
Last Term Of Enrollment		Degree Level
Fall Spring Summer Year		Doctoral
		Education Specialist Master's
Expected Term of Readmission		Master's 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 ServiceOther: (Please Speci	ity Below)
During the period of my leave of absence I will not use university res	sources or facilities (other than the librar	y).
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STUDENT Signature		Date (MM/DD/YY)
-		
COMMITTEE CHAIRPERSON Signature	e-mail (@vt.edu,	, preferred) Date (MM/DD/YY)
-		
DEPARTMENT HEAD Signature or authorized GRADUATE PROGRAM DIRECTOR	Date (MM/DD/YY)	
and the second s		
		Submit your completed form:
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) Signature	Date (MM/DD/YY)	https://gs.vt.edu/forms
INTERNATIONAL ADVICOR (C. T. C. V. C.	D. Martin ben	120 Graduate Life Center, Blacksburg
INTERNATIONAL ADVISOR (for F-1 and J-1 students) Signature	Date (MM/DD/YY)	VT ICAB1, 3625 Potomac Ave, Alexandria For assistance, call 540-231-8636 or
		e-mail grads@vt.edu
GRADUATE SCHOOL Signature	Date (MM/DD/YY)	a. 6. aase vacuu