

# HUNTER

The City University of New York

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## REQUEST FOR GRADUATE LEAVE OF ABSENCE

This form is to be used for Graduate matriculated students in the School of Education. Please complete this form and obtain your program coordinator's signature before it is returned to the School of Education Office of Academic and Student Affairs (OASA) in Room 1000W. This form is NOT an authorization for an official withdrawal of courses in progress—you must drop those courses through your CUNYfirst account. When you wish to resume your graduate studies, you must file a readmission application with the Admission's Office.

**PLEASE NOTE:** A leave of absence for a specific period must be approved by your program coordinator and the School of Education Dean. Leaves of absence extend the time limit allowed for your curriculum. The total time limit for completing all degree requirements is 5 years for the School of Education. **Courses expire after 5 years and may need to be retaken in order to complete your program.**

Leaves of absence may be approved for a maximum of 2 semesters.

Name \_\_\_\_\_  
Last First Middle Maiden or Other

\_\_\_\_\_ Academic Plan \_\_\_\_\_  
CUNYfirst EmplID

Email \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Date of Matriculation \_\_\_\_\_ Expected Graduation Term \_\_\_\_\_

Are you currently enrolled in coursework? \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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(TO BE FILLED OUT BY YOUR GRADUATE ADVISOR AND DIVISIONAL DEAN)

A leave of absence has been granted to \_\_\_\_\_

for the period from Month/Year \_\_\_\_\_ through Month/Year \_\_\_\_\_ .  
(Sep for fall, Feb for spring, Jun for summer) (Jan for end of fall, May for end of spring, Aug for end of summer)

GRADUATE ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT STAMP \_\_\_\_\_

DIVISIONAL DEAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_