



University of  
New Hampshire

# Graduate School Leave of Absence Request

For office use only:  
 Health Services  
 Business Services

Student Name: \_\_\_\_\_

Student ID Number \_\_\_\_\_

Degree & Program \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

**I request a leave of absence beginning next:**  
(Leaves are not granted for the current semester.)

Fall

Spring

Summer  year

**I expect to return to my studies at the start of:**

Fall

Spring

Summer  year

A leave may be requested for a maximum of one calendar year.

**I am requesting a leave of absence due to the following (check one):**

**Medical Leave:**

- Illness, injury, mental health
- Maternity

Depending on the situation, medical documentation may be required.

**Personal Leave:**

- Military obligation (attach copy of orders)
- Family Emergency (describe below)
- Hardship (describe below)
- Other (please specify)

Describe your situation (if applicable). Please be sure to attach appropriate documentation if necessary

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Electronic signatures will be accepted only if the petition is sent from your UNH e-mail address

**Endorsement of your Advisor, Graduate Program Coordinator, and the Graduate School are required below.**

\_\_\_\_\_  
**Graduate Advisor's Signature**

Recommended Action

- Approve  Deny

Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Graduate Program Coordinator's Signature**

Recommended Action

- Approve  Deny

Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
**Graduate School Signature**

Action Taken

- Approve  Deny

Date \_\_\_\_\_