School of Education Indiana University
Graduate Student Leave of Absence Request

Last   **First**   **Student ID #**

_____Yes _____No

Degree Program   **Name of Fellowship or Student Academic Appointment**   **I receive Student Loans**

Date leave is to begin_____ **end:** _____ **Type: A.** _____**Medical /Family** _____**Personal**
                                                    B. _____**Paid** _____**Unpaid**

This Leave is for the following qualifying reason:
□ a serious health condition requiring an absence of 3 weeks or more
□ care of a child within 6 months of birth or adoption of a child
□ care of a spouse, domestic partner, child or parent with a serious health condition when the student is the
    primary or co-primary caregiver and the absence is anticipated to continue for at least 3 weeks
□ death of a spouse, domestic partner, child or parent
        Name/Relationship of relevant family member: _____
        Note: Same sex domestic partner and children of partnership coverage must be qualified by the University's
        Affidavit of Domestic Partnership.
□ Other/personal, please attach explanation

All requests must be accompanied by a memo from the department chair/center director describing how job duties will be covered if the student is a Student Academic Appointee. If the student has multiple appointments, memos are required for all appointments.

Requested accommodations:

□ Term extension of incompletes   □ Grade of Incomplete for current coursework
□ Absence from Student Academic Appointment duties   □ Complete withdrawal from coursework
□ Transfer of all current credits to research   □ Other, please attach explanation

A graduate student in the School of Education may request a leave of absence by submitting a Leave of Absence Request form to the Office of Graduate Studies. ***Approval is subject to the following conditions and understandings:***

1. I have completed at least 1 full-time semester prior to the leave request.
2. This leave will not exceed the total allowable limit of 104 weeks in this program of study, including any prior or current approved leave.
3. The student and department understand that a leave does not apply retroactively.
4. The student and department understand that a leave does not automatically extend grades of incomplete.
5. The student and department understand that a leave does not automatically extend or circumvent milestones or other requirements determined by the School of Education or the University Graduate School.
6. The student and department understand that a leave preserves the curriculum and requirements designated in the School of Education Graduate Program Bulletin and the University Graduate School Bulletin at the time of the students leave in the event of change in curriculum or degree requirements while a student is on leave.
7. The student understands that a department may choose not to accept a course, thesis or doctoral requirement while he or she is on leave.
8. The student understands that depending on the length and timing of his or her leave, the leave may affect their funding, i.e. fellowship monies received, AI stipend, federal loan, etc., and will contact the Office of the Bursar or their
   funding source to discuss this matter.
9. The student understands that not returning to their academic program following the end of an approved leave without prior communication, forfeits any remaining commitments or agreements from the School, Department, or Center of ongoing financial support or special academic arrangements made in subsequent semesters.
10. The department understands that if a student is applying for and the department agrees to a paid leave department maintains financial responsibility for the student on leave and any temporary replacement.

Student Signature   Date

Faculty Advisor Name & Signature   Date

Department Chair/Center Director Signature (required for paid leave request)   Date

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Associate Dean for Graduate Studies   Date

FOR GRADUATE OFFICE USE ONLY:
___Leave *conditionally* approved pending receipt of medical certification (received w/in 15 days on _____)
___Leave *approved*

With the following accommodations:
□ Extension of incompletes and milestones
□ Transfer of all current credits to research
□ Change in SAA duties

□ Grade of incomplete for current coursework
□ Complete withdrawal from coursework
□ Other (see attached)

Leave *denied* because Student:
□ is not enrolled full-time in an Education Graduate program or is not in good academic standing
□ has not been enrolled full-time in an Education Graduate program for 1 semester before/between leaves
□ does not have a qualifying reason for leave
□ has exhausted calendar year allotment
□ is not eligible for paid-leave because the student does not hold an eligible Education appointment
□ did not submit medical certification

Additional Comments:
_____
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_____
Office of Graduate Studies (signature of reviewer)   **Date**

Date given to student: _____**Via**: ___U.S. Mail ___E-mail ___Other (specify): _____