

**School of Education Indiana University
Graduate Student Leave of Absence Request**

Last	First	Student ID #
Degree Program	Name of Fellowship or Student Academic Appointment	_____ Yes _____ No 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:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Term extension of incompletes <input type="checkbox"/> Absence from Student Academic Appointment duties <input type="checkbox"/> Transfer of all current credits to research | <ul style="list-style-type: none"> <input type="checkbox"/> Grade of Incomplete for current coursework <input type="checkbox"/> Complete withdrawal from coursework <input type="checkbox"/> 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
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:

Office of Graduate Studies (signature of reviewer)

Date

Date given to student: ___ Via: ___ U.S. Mail ___ E-mail ___ Other (specify): _____

Please submit completed and signed request along with medical certification to:
Office of Graduate Studies ED 2100 201 N. Rose Ave Bloomington IN 47405
p.812.856.8504 f. 812.856.8505 e. educate@indiana.edu