



BROWN Graduate School *Forms*

Brown University
Box 1867
Providence, RI 02912
tel: 401 863-2600
fax: 401 863-3471
Graduate_School@brown.edu

LEAVE OF ABSENCE REQUEST

STUDENT INFORMATION

NAME: _____ PROGRAM/DEGREE: _____

ID#: _____ ENTRY YEAR: _____ U.S. CITIZENSHIP Y *N Perm Res

MAILING ADDRESS WHILE ON LEAVE:

TERM OF REQUEST

FALL SPRING OF ACADEMIC YEAR: _____

NEW REQUEST EXTENSION

TYPE OF LEAVE

MEDICAL PROBATION CHILDBIRTH FAMILY LEAVE PROFESSIONAL PERSONAL

**All international students must get the approval of the Office of International Student and Scholar Services.*

**THIS APPLICATION MUST BE ACCOMPANIED BY A ONE-PAGE DESCRIPTION
OF THE REASON OR REASONS FOR YOUR REQUEST.**

I understand that a leave of absence is for one year, with the possibility of one one-year extension. If I choose to file an extension it is my obligation to contact the Director of Graduate Study in my department for approval. If I do not file for an extension I will be automatically withdrawn from my graduate program at Brown. In order to extend my leave I must notify the Graduate School in writing prior to the expiration of my leave; in order to return to active status I must notify the Graduate School in writing by May 1 for a fall-semester return or November 1 for a spring-semester return and pay all associated reactivation and re-enrollment fees.

Student

Date

Department Chair

Date

Director of Graduate Study

Date

* Office of International Student and Scholar Services (international students only)

Date

Office of Financial Aid (students with loans only)

Date

Graduate School

Date