April 5, 2002

UNIVERSITY OF CINCINNATI
Graduate Student Extension and Reinstatement Policies

Leave of Absence

Under special circumstances, graduate students may apply for a leave of absence from full-time study at the University for a specific period up to one year. The circumstances justifying a leave include personal or family medical conditions or call to active military duty. The rationale must be independently documented by the applicant. Students are eligible for a leave of absence during their first three years of graduate study.

An approved leave of absence preserves the student’s status in his or her degree program and the time off will not be counted against the time limits for awarding degrees. A leave may be renewed for up to one additional year if the student applies for a leave extension at least four months prior to the end of his or her initial leave. Renewal of a leave is subject to the approval of the program, college and Research and Advanced Studies. In no case may any student be granted more than a total leave of two years. NOTE: Students with financial aid or student loans should confer with the Office of Financial Aid prior to requesting a leave of absence to ascertain the consequences of such action on their loan status.

To apply for a leave of absence the student must procure a Request for Leave of Absence Form from their program office and submit a completed form to their program director. The program director will forward the application to the department head and college dean for approval. Upon approval of the dean, the dean forwards the application to the Assistant University Dean for Advanced Studies for approval and processing. The student will be notified in writing of the approval of their request by the Assistant University Dean, copied to the college and program.

(Approved by Graduate Council 06/01)
UNIVERSITY OF CINCINNATI
Request for Leave of Absence

Name ________________________________________________________________

Department/Program _________________________________________________________

SS# ___________________________

Address ________________________________________________________________

____________________________________________________________________

First year registered into program:* __________________________

Month Year

Reason for request:**

Medical: ____________________________________________________________________

____________________________________________________________________

Military:    __________________________________________________________________

__________________________________________________________________

Leave of Absence requested: _______________ _______________

From   To

Include the following items with this request:

1. Describe progress toward degree completion to date.
2. Provide supporting documentation from appropriate physician or government agency.

Student’s signature __________________________ Date ________

Graduate Program Director __________________________ Date ________

College Dean/Associate Dean___________________________ Date ________

Assistant University Dean __________________________ Date ________

for Advanced Studies

NOTE: An extension of a leave for up to one additional year must be requested four
months prior to the end of the initial leave.

*Students are eligible for leave during first three years of graduate study.
**Justification includes personal or family medical conditions or call to active military duty.

RAS/5/02