Graduate Student Petition for a Leave of Absence

- Graduate students must register for a minimum of one credit hour each fall and spring term until all requirements for the degree are completed. If continuous registration is impossible at any time, the student must secure an official Leave of Absence for the relevant term.
- Requests for leaves of absence must be negotiated through the chair or director of graduate studies of the student’s major department, and, where appropriate, the area or divisional committee using this form.
- Requests for leaves of absence must be forwarded to the Office of the Registrar by the last day of classes of the semester in which the leave is to begin.
- Normally, leaves are granted for a maximum of one year, but may be extended for up to one additional year if circumstances warrant.
- Each department may establish its own policies within the purview of these guidelines.
- **NOTE:** Students approved for a Leave of Absence remain liable for any outstanding tuition and fee charges on their student account. In addition, any existing “incomplete” grades are held to the IU default time limit for completion.

Last Name ____________________________________ First Name _____________________________________

UB Person Number ____________--____________          E-mail _________________________________________

Matriculating Dept. _____________________________ Master’s _______ Ph.D. ________ Au.D. or DNP_______

What is your means of financial support? ________________________________________________________

Are you an International Student?  Yes ________  No _________  
International students should consult with International Student & Scholar Services. 210 Talbert Hall, (716)645-2258 to ensure their immigration documents are in order.

Leave requested beginning:  □ Fall  □ Spring  _____________ (year)

Semester returning:  □ Fall  □ Spring  _____________ (year)

Reason for Leave: ___________________________________________________________________________

Required Approvals:

Student _________________________________________________________________ Date ___________

Major Advisor __________________________________________________________ Date ___________

Dept. Chair or Director of Grad. Studies_______________________________________ Date ___________

SUBMIT THIS FORM with required approvals to the OFFICE OF THE REGISTRAR for processing:

University at Buffalo
Registrar at 1Capen
Capen Hall
Buffalo, NY 14260
UBRegistrar@buffalo.edu

FINAL ACTION TAKEN:  _____ Approved  _____ Denied

Registrar _________________________________________________________________ Date ___________

Comments: ______________________________________________________________________________

8.11.17