MORGAN STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES

REQUEST FOR LEAVE-OF-ABSENCE

Name: *(last,first,M.I.)*		Student ID:
Graduate Program:		Degree:
Current Address:		
E-mail Address:	Phone: - -	Phone: - -

LEAVE-OF-ABSENCE

Effective: Semester: _____ Year: _____

Semester of Return: Semester: _____ Year: _____

Reason for request:

_____ Medical (Letter from Doctor) _____Military Leave (Leave papers)

_____Employment _____Financial _____Other

Brief Explanation Of Reason For Request:

Note:

- Please be advised that an initial Leave-of-Absence is granted for a maximum of one academic year, additional leave will require resubmission through this approval process.
- A Leave-of Absence does not cancel any financial obligation you have to Morgan State University.
- A formal Leave-of Absence letter with approval terms will be mailed to the address above.
- Completed form must be returned to The School of Graduate Studies for processing.

ACKNOWLEDGEMENT SIGNATURES Please print and sign your name		
Student:	Signature:	Date:
Graduate Coordinator:	Signature:	Date:
Assistant Dean of The School of Graduate Studies Praria Stavis-Hicks	Signature:	Date:

Form SGS 11/2012