BATTEN SCHOOL OF COASTAL & MARINE SCIENCES & VIMS REQUEST FOR LEAVE OF ABSENCE



| FIRST NAME | | LAST NAME | | | | DEGREE PROGRAM | |
|---|--|--|--|------------------------------------|--|---|--|
| ADMIT TERM & YEAR | LEAVE I | REQUESTED BEGIN DATE | LEAVE – EXPECTED E | ND DATE | EXPECTED DEGREE COMPLE | TION DATE (TERM & VEAR | |
| ADMITTERM & TEAR | LEAVE - I | REQUESTED BEGIN DATE | LEAVE - EXPECTED E | ND DATE | EXPECTED DEGREE COMPLI | ETION DATE (TERM & TEAR | |
| MAILING ADDRESS - DURING LE | EAVE (INCLUDE | STREET ADDRESS, CITY, S | TATE, ZIP/POSTAL CODE | E, COUNTRY) | | | |
| EMAIL ADDRESS | | | | PHONE | | | |
| | | | | | | | |
| eave of Absence Policy: nder unusual circumstances, and psence. An approved leave of ab- ition. It is understood that a stude rminate the leave of absence an | d following cons sence is limited ent on a leave o | to a maximum of one caler fabsence is not present on | dar year during the stude campus, not receiving fin | ent's degree pro ancial support | ogram, and relieves the student and not drawing upon campus r | of the obligation of paying resources. A student must | |
| ne milestone timeline and time lin udent's milestone timeline and ti | | | be stopped for a student | with an approv | ed leave of absence. Upon retur | n from approved leave, the | |
| request a leave of absence | from my deg | ree program according | to the begin and end | d dates listed | d above. | | |
| this an extension from an | earlier reque | st? | If yes, when did | your initial I | leave of absence begin? | | |
| STUDENT SIGNATURE | | | | DATE SIGNE | ED | | |
| | | | | | | | |
| lease provide your reason | MK | olete | in I | 0 | cuSi | gn | |
| MAJOR ADVISOR NAME | U | SIGNATURE | Jale | R | DATE | ual | |
| ADVISOR RECOMMENDATION & | COMMENTS: | for | Det | ail | C | | |
| Co-Major Advisor Name | | SIGNATURE | DEL | all | DATE | | |
| CO-ADVISOR RECOMMENDATIO | ON & COMMENT | S: | | | | | |
| NTERNATIONAL STUDENT ADVI | SOR NAME | SIGNATURE | | | DATE | | |
| INTERNATIONAL ADVISOR RECO | DMMENDATION & | & COMMENTS: | | | | | |
| ssociate Dean for Acad | demic Affai | rs Action: | | | | | |
| ASSOCIATE DEAN NAME | | SIGNATURE | | | DATE | | |
| COMMENTS: | | | | | | | |