

# LEAVE OF ABSENCE FORM (LoA)



WESTERN MICHIGAN UNIVERSITY

Graduate College

\*\*\*\*\*STUDENT INFORMATION\*\*\*\*\*

Student Name:  WIN:

Department:  Doc.  Master's  Specialist

Student Non-WMU Email: Address

*Approved LoA will be sent to email address provided above.*

Start Term/Session:  Year:

Returning Term/Session:  Year:

*LoA must not exceed one year or readmission may be required. See detailed directions for more information.*

Reason for Requesting Leave of Absence (check all that apply):

☐ Medical/Health

☐ Financial

☐ Marriage

☐ Military

☐ Employment

☐ Family Responsibilities

☐ Other, please give reason:

I have discussed my situation with my advisor and/or department? Yes ☐ No ☐

If I am on an assistantship, I have discussed my LoA with my hiring unit? Yes ☐ No ☐

I have consulted with my advisor and/or department and understand the impact this LoA could have on my program.

Student Signature:

Date:

\*\*\*\*\*DEPARTMENT APPROVAL\*\*\*\*\*

Advisor Name:  Date:

Advisor Signature:

Chairperson Name:  Date:

Chairperson Signature:

\*\*\*\*\*GRADUATE COLLEGE USE ONLY\*\*\*\*\*

Approved through: (session/year of return)

☐ Denied Remarks:

Date:

Graduate College Dean

Uptd. 6.20.25