

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:

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

Returning Term/Session: Year:

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

Updt. 6.20.25