

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? If ☐ Yes ☐ No

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