

DEPARTMENT OF PUBLIC ADMINISTRATION PHD PROGRAM

Leave of Absence Request

Absence Information

Student Name: _____

Student Number: _____ Department: _____

Major Professor: _____

Type of Absence Requested:

- Sick Vacation Bereavement Research activities
 Military Employment Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

Student Signature

Date

Department Approval

- Approved
 Rejected

Comments:

Committee Chair

Date

Ph.D. Coordinator

Date

Department Chair

Date