

Leave of Absence / Withdrawal from the Lynch School of Education

Eagle I.D. Number: _____

Student's Full Name: _____ Email: _____

Permanent Address: _____
Number and Street

_____ City _____ State _____ Zip

_____ Telephone

Expected Degree _____ Program _____

Date of Matriculation _____

Please circle the appropriate category: Withdrawal Leave of Absence

*Please attach a separate sheet explaining your reasons for withdrawing or requesting a leave of absence from the program. This information will be kept confidential and will only be seen by the undersigned and the Graduate Office. If you would prefer a private conversation to discuss your reasons for leaving, please contact the office of the department in which you are completing your degree.

Will you complete the present semester? Yes No

If not, what courses will you be withdrawing from? _____

Do you plan to return to the Lynch School? Yes No

If yes, when? Fall 20____ Spring 20____ Summer 20____

Signature of Student _____ Date

Signature of Program Director / Program Coordinator (if applicable) _____ Date

Signature of Department Chair _____ Date

The Lynch School only grants Leaves of Absences for a maximum of two semesters at a time. After that, you may apply to extend your leave of absence for an additional semester or apply for readmission to the Lynch School (see Readmission form on the LSOE Student Forms page). If you do not apply for an extension or readmission after your two semesters then you will no longer be considered an active student at the Lynch School.

After final action: original to student file, copies to advisor, student, and Graduate Office (Campion 135).