

Leave of Absence / Withdrawal from the Lynch School of Education

Eagle I.D. Number: _____

Student's Full Name: _____

Permanent Address: _____

Number and Street

City

State

Zip

Telephone

Expected Degree _____

Program _____

Date of Matriculation _____

Please check 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 Office of Graduate Student Services. 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

Date of last class attendance: _____

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

Signature of Associate Dean of Graduate Students

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 Office of Graduate Student Services via this link <http://bit.ly/GradOfficeFormSubmission>.