

LEAVE OF ABSENCE

A Leave of Absence is available to you if you are completing course work (excluding thesis, project, and capstone courses) and plan to be inactive for a period-of-time not to exceed a full calendar year. Submission of this form provides a means for the Graduate School to track a student's progress and to term activate the student after the period of absence so you may register for the upcoming semester.

If you have begun the final requirement and have an in-progress grade ("X") you may apply for a Leave of Absence only in the case of extenuating circumstances. In such cases, a letter to the Associate Vice President of the Graduate School must accompany this form explaining the circumstances; this type of leave will be approved for one semester at a time.

| Minot State Student ID # | | G | Graduate Program | | | | | |
|--|------------------------------|-------------------------------|------------------|------------------|--------|------------------------|-----|--------|
| Legal Name: | | | | | | | | |
| | Last | First | | Middle | | Former (if applicable) | | |
| Mailing Address | | | | | | | | |
| | Street | Apt # | | City | | State | Zip | Code |
| E-mail Address: | nail Address: | | | Telephone number | | | | |
| (You are encouraged | l to use your MSU en | nail account) | | | | | | |
| Indicate the semest | er(s) you are reques | ting Leave of Absence: Fall — | (year) | Spring | (year) | Sumr | ner | (year) |
| Reason for leave: | | | | | | | | |
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| | | | | | | | | |
| I certify that all sta | atements in this an | plication are completed an | d true. | | | | | |
| | up | P | | | | | | |
| Signature (electronic or original) | | | | Date | | | | |
| Graduate Program | n Approval: | | | | | | | |
| Program Director Sigi | nature (electronic or or | iginal) | | | Date | | | |
| After receiving Pro | | | | | | | | |
| | University Graduate | | | | | | | |
| Email: <mark>gradı</mark> Fax: 701-85 | uate@minotstateu.e 8-4286 | <u>du</u> | | | | | | |
| Tax. 701-05 | 0 1200 | | | | | | | |