# Auburn University
# Graduate School

## Leave of Absence Request Form

Date of Request: _____   Term(s) for which leave is requested: _____

Name: _____ Banner ID #: _____

Address: _____

Phone: _____   Email: _____

College: _____   Department: _____

Degree Program: _____

Reason for Request (attach documentation): _____

_____

_____

_____

_____          _____
*Student Signature*                                        *Date*

**Approvals**

_____          _____
*Major Professor or GPO*                              *Dean of the Graduate School*