



## Request for Leave of Absence Signature Form

Submit this signature online at <https://www.applyweb.com/emorypst/index.ftl>.

Last name:            First name:            EmplID:

Graduate program:

I want my leave of absence to begin on or about \_\_\_\_\_ .

*(Note: The official effective date will be determined in consultation with the Assistant Dean of Student Affairs, and will be recorded in OPUS.)*

I intend to return at the start of \_\_\_\_\_ semester, \_\_\_\_\_ .

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**Director of Graduate Studies / Program Director**

- We have discussed this student’s reasons for taking a leave of absence.
- We have discussed how this leave may affect timely progress through program and LGS requirements.
- We have discussed how this leave may affect stipend payments and health insurance coverage.

For PhD students receiving stipend: the final stipend payment prior to leave should be paid on \_\_\_\_\_ (date).

DGS / Director Name:

DGS / Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For students in the GDBBS: your division director will review in the online system.***