

GRADUATE STUDENT LEAVE OF ABSENCE FORM

This form is for students enrolled in an IUB graduate degree program to request a leave of absence from all academic, and if relevant, SAA duties for 3 weeks or more due to their inability to perform the essential functions associated with their appointment as a student, and if relevant, student academic appointee, within their graduate program.

Instructions: This form is to be filled out by the graduate student requesting a leave and submitted to their department and school dean's office for review and approval. If a medical leave is requested the graduate student must provide relevant medical documentation to the school/college graduate office. This medical information must be kept confidential and separate from all personnel files.

Once completed and signed by the school / college, the department, and graduate student; the department or school should file an edoc and attach this form for the appropriate approvals.

The school/college should indicate the date they received appropriate medical documentation before approving a medical leave. Do not attach medical documentation to the edoc.

To be completed by the student:

Student Name: _____

University ID#: _____

Department/Program/School: _____

Are you currently on a:

Student Academic Appointment (SAA)

Fellowship

Both Fellowship and Student Academic

Appointment N/A

Do you currently receive student loans? Yes No

Are you currently an international student on an F-1 or J-1 visa? Yes No

If you are a SAA, are you enrolled in the SAA health insurance plan? Yes No



Requested date for leave to begin: _____

Estimated date of return: _____

This requested leave of absence is for the following reason:

A serious health condition requiring an absence of 3 weeks or more

Parental leave

Other

Explain reasons for requested leave:

Student Signature: _____ Date: _____

Department/ Unit Head Approved: _____ Date: _____

College/School Approved: _____ Date: _____

Parental/Medical Leave Approved

If applicable, written medical certification form was received on: _____ Date: _____