

LEAVE OF ABSENCE

READ THE INFORMATION BELOW BEFORE COMPLETING FORM

A leave of absence can be granted for up to one academic year. While on leave, students retain their admitted student status; however, they are not registered and therefore do not have the rights and privileges of registered students. Leaves of absence do not delay candidacy or master's program expiration dates, (the six year limit on coursework will still be applied). Failure to return as scheduled or to secure an extension of a prior leave of absence will result in separation from the university.

FINANCIAL AID

Taking a leave of absence may effect the student's loan repayment terms, including the expiration of the student's grace period. A student requesting a leave of absence will need to meet with a financial aid counselor to discuss any implications this may have on his/her financial aid status.

INTERNATIONAL STUDENTS ONLY

U.S. government regulations require that a student holding a non-immigrant visa who takes a leave of absence must either (1) leave the U.S. within 15 days or (2) apply for optional practical training before the effective leave of absence date. Before leaving the University of Nevada, Las Vegas, the student should contact the International Students and Scholars (ISS) office for information on maintaining visa eligibility for re-entering the United States.

RETURNING FROM A LEAVE OF ABSENCE

Upon return from leave the student will resume his/her program at the same point in the academic program that he/she began the leave of absence. The student should contact his/her department for advise on which courses to register for.

THE GRADUATE COLLEGE
The University of Nevada, Las Vegas
LEAVE OF ABSENCE FORM

Return to the Graduate College, Flora Dungan Humanities Building (FDH) Room 352

Please carefully read the information included before completing this form.

PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK

STUDENT INFORMATION

Student ID or Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Department: _____ Degree Sought: _____

LEAVE INFORMATION

I request a leave of absence from the University effective _____
(date)

I intend to return _____ Fall
_____ Spring of _____
_____ Summer (year)

My reason for the requested leave of absence is:

APPROVAL SIGNATURES

I understand that I will need to meet with a financial aid counselor to discuss any implications this leave of absence may have on my financial aid status.

Student Date

Advisor/Committee Chair Date

Department Chair/Graduate Coordinator Date

* Dean, Academic College Date

GRADUATE COLLEGE APPROVAL

Dean, Graduate College Date

**Please contact the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program.*