

**APPLICATION FOR AN APPROVED LEAVE OF ABSENCE**

- 1. UT Arlington ID: 100\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
- 2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_
- 3. E-Mail Address where you can be contacted during your Leave of Absence: \_\_\_\_\_
- 4. Telephone # where you can be contacted during your Leave of Absence: ( ) \_\_\_\_\_ - \_\_\_\_\_
- 5. Are you a United States citizen? Yes, (please skip to item 6) No

**INTERNATIONAL STUDENTS MUST BE ADVISED BY THE OFFICE OF INTERNATIONAL EDUCATION PRIOR TO A LEAVE OF ABSENCE BEING GRANTED.** Please check here to indicate that you have read and understand this requirement

- 6. Indicate the first long semester and year in which you wish to be on Leave.  
Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_  
**Note: A Leave of Absence may be requested for no more than two consecutive long semesters (Fall, Spring).**
- 7. Indicate the semester and year in which you plan to return from your leave and resume your studies. Check only one Semester.  
Fall 20 \_\_\_\_\_ Summer I or 11 Week 20 \_\_\_\_\_  
Spring 20 \_\_\_\_\_ Summer II 20 \_\_\_\_\_

- 8. You may apply for a Leave of Absence in order to respond to exceptional circumstances. A Leave of Absence will be granted only for good cause, such as health-related issues, major financial or employment issues, pregnancy, childbirth, child care, elder care or other significant family concerns, and other major personal circumstances that interfere with your ability to undertake graduate study. With these guidelines in mind, please explain why you require a Leave of Absence (attach an additional page if needed):

I CERTIFY ALL INFORMATION ON THIS APPLICATION IS CORRECT AND I REALIZE THAT FALSE OR INCOMPLETE INFORMATION MAY RESULT IN DISMISSAL FROM UT ARLINGTON. FURTHERMORE, I HAVE READ THE LEAVE OF ABSENCE POLICY AND ACKNOWLEDGE THE CONDITIONS SET FORTH BY UT ARLINGTON.

**Signature of Applicant** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

-----FOR GRADUATE ADVISOR AND ARR USE ONLY -----

Graduate Advisor ( ) approve ( ) deny Signature and date: \_\_\_\_\_  
Graduate Advisor Comments: \_\_\_\_\_  
ARR ( ) approve ( ) deny Signature and date: \_\_\_\_\_  
ARR Comments: \_\_\_\_\_

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.