

**GRADUATE SCHOOL OF ARTS & SCIENCES  
REQUEST FOR LEAVE OF ABSENCE**

PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

WU student number: \_\_\_\_\_

Expected semester of leave: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_  
Expected semester of return: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Reason for requesting leave of absence:

- Attend another U.S. college or university (name of institution): \_\_\_\_\_
- Participate in non-WU study abroad (program name/location): \_\_\_\_\_
- Medical Reason: Please complete the medical leave application and contact Student Health and Counseling Service.
- Other (list reason): \_\_\_\_\_

Primary address during absence: \_\_\_\_\_

\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please Note:**

The Graduate School requires continuous enrollment even while on leave of absence. Students should register for the nonresident candidate fee. This status will not defer student loans and you will not be enrolled for the Student Health Fee. Nonresident status will continue your e-mail account, and library privileges may be continued by paying a small fee to Olin Library circulation.

Signature of Student: \_\_\_\_\_

**To have your leave approved, this request must be signed by your graduate program advisor and approved by the Dean of the Graduate School.**

**Department Use Only:**

**Graduate School Use Only:**

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notification of Leave Sent To:

Date Leave is Effective (start date): \_\_\_\_\_

\_\_\_\_\_ Student

Is student enrolled for classes next semester?

\_\_\_\_\_ Department

If yes, drop courses?  Yes  No

\_\_\_\_\_ Instructors (e-mail before dropping courses)

\_\_\_\_\_ Assistant to Dean (re remission)

Comments: \_\_\_\_\_

\_\_\_\_\_ Associate Dean (re financial aid)

\_\_\_\_\_ Office of International Students (F1 visa only)

If leaving mid-semester:  
Drop Course Work:

\_\_\_\_\_ LOA Milestone online (1108)

\_\_\_\_\_ With a "D" (does not appear on transcript)

\_\_\_\_\_ Date Completed

\_\_\_\_\_ With a "W" (appears on transcript)

**Graduate School of Arts and Sciences, Washington University in St. Louis  
Campus Box 1187, One Brookings Drive, St. Louis, Missouri, 63130,  
tel. (314) 935-6880, fax. (314) 935-4887, e-mail: GraduateSchool@artsci.wustl.edu,  
website: www.artsci.wustl.edu/GSAS/**