PORTLAND STATE UNIVERSITY
DEPARTMENT OF CURRICULUM AND INSTRUCTION

PETITION FOR LEAVE OF ABSENCE

A student, who must interrupt his/her plan of study due to circumstances beyond his/her control, must petition for a leave of absence with the department. The student may petition for a leave of absence for up to one year, provided that the student furnishes documentation supporting the request. The application for leave of absence must be approved by the Cohort Leader (GTEP), Program Coordinator, and Department Chair. The petition for leave of absence must be received by the last day to register for classes for the term in which the application is made. A leave of absence is granted to only those students in good standing and does not constitute a waiver of the time limit of the completion of the graduate degree/program at Portland State University. In addition, a leave of absence may severely disrupt the student's program of study due to program structure and course offerings. In extenuating circumstances, a student may petition for a second leave of absence for up to one additional year.

A student who must take a leave of absence beyond the time limit or a petition that has not been approved by the department must file for "Program Withdraw" with the department to avoid negative marks on his/her record. The student must re-apply for admission to the department and university.

Student's Name: _____ ID No.: _____
Last First

Address: _____ City: _____ Zip: _____

Phone No.: ( ) _____ E-Mail: _____

Requested Term(s) for Leave of Absence: □ Fall □ Winter □ Spring □ Summer _____
(Check All Terms Affected) Year

Term Expected to Return: □ Fall □ Winter □ Spring □ Summer _____
Year

Reason for Request: (Attach Documentation As Appropriate)

_____

_____

By signing below, I verify that this petition for leave of absence is based on factual circumstances beyond my control, and that I fully acknowledge and understand possible disruptions on my program of study due to my absence from the program.

Signature: _____ Date: _____

Office Use Only:

□ Approved □ Denied _____ Date _____
Cohort Leader (GTEP)

□ Approved □ Denied _____ Date _____
Program Coordinator

□ Approved □ Denied _____ Date _____
Chair

Comments: _____

Processed By: _____ Date Processed: _____ Date Student Notified: _____