

LEAVE OF ABSENCE REQUEST

Use this form to pause your graduate enrollment and suspend activities associated with coursework or thesis/dissertation research. Submit this form by the end of the course-add period in the semester for which the leave is requested. Upon approval, the continuous enrollment requirement will be relaxed during the period of leave. If the leave is longer than one calendar year, you must submit a Readmission Application to resume enrollment. International students must consult with an international student advisor to discuss how a leave of absence affects their immigration status.

Last/Family Name	First/Given Name	Middle Name
Last 4 digits of VT ID:	Citizenship U.S. Citizen Permanent Resident Non-U.S. Citizen*	
E-mail Address:	*If non-U.S. citizen, please list your visa status:	
@vt.edu account, preferred		

Campus Blacksburg Hampton Roads National Capital Region Richmond Roanoke Southwest Virginia Virtual	Current Program:
Last Term Of Enrollment Fall Spring Summer Year	Degree Level Doctoral Education Specialist Master's Graduate Certificate Non- Degree Commonwealth Campus
Expected Term of Readmission Fall Spring Summer Year	
Please clarify your reason(s) for requesting a leave of absence. Personal Family Emergency Academic Military Service Other: (Please Specify Below)	

During the period of my leave of absence I will not use university resources or facilities (other than the library).

STUDENT Signature	Date (MM/DD/YY)
COMMITTEE CHAIRPERSON Signature	e-mail (@vt.edu, preferred) Date (MM/DD/YY)
DEPARTMENT HEAD Signature or authorized GRADUATE PROGRAM DIRECTOR	Date (MM/DD/YY)
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) Signature	Date (MM/DD/YY)
INTERNATIONAL ADVISOR (for F-1 and J-1 students) Signature	Date (MM/DD/YY)
GRADUATE SCHOOL Signature	Date (MM/DD/YY)

Submit your completed form:
<https://gs.vt.edu/forms>
120 Graduate Life Center, Blacksburg
VT ICAB1, 3625 Potomac Ave, Alexandria
For assistance, call 540-231-8636 or
e-mail grads@vt.edu