

North Carolina State University
The Graduate School

**Request for
LEAVE OF ABSENCE**

To: Dean of The Graduate School

From: Program Director: _____
Director's name/Program name

Student Information:

Name: _____ ID Number: _____

Degree/Program: _____ Major: _____

Currently registered? Yes No Date of Admission: _____

Has the student had a previous LOA? Yes No

If Yes, how many and when?

Current Request:

Specify which semesters for LOA _____

Specify when returning to continue _____

Current Transcript Attached): Yes No

Justification (indicate if attached):

Student Signature/Date (or attach): _____

DGP Signature/Date: _____

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Approved for the Graduate School by: _____
Signature/Date