



Request for Leave of Absence for Informatics Students

Student Name: _____ University ID: _____

LOA Start Date: _____ LOA Return Date: _____

This leave of absence is for the following qualifying reason(s):

Medical hardship (physical or mental illness, chronic conditions, conditions requiring multiple treatments, overnight hospitalizations) of three (3) weeks or longer. _____ (yes or no)

Care of family members (spouse, dependent children under age 18, domestic partner, child of domestic partner, or parent) _____ (yes or no)

Death of spouse, domestic partner, child, or parent _____ (yes or no)

Military service. Leaves for military service are coordinated with IU Veteran Support Services and the Informatics Graduate Studies Office. International students who are called to military service are encouraged to contact the Office of International Services to determine how such service affects their academic and visa status. _____ (yes or no)

Other personal reasons, in exceptional circumstances (Explain below. Limit of 500 characters.) _____ (yes or no)

Requested *leave of absence accommodations*

Term extension of incompletes _____ (yes or no)

Excused from academic appointment duties _____ (yes or no)

Receive incompletes for current coursework _____ (yes or no)

Withdraw from current coursework _____ (yes or no)

Other (limit of 500 characters) _____ (yes or no)

Student's Signature: _____ Date: _____

Approved by

Student's Advisor's Signature: _____ Date: _____

Track Director's Signature: _____ Date: _____

Informatics Director of Graduate Studies' Signature: _____ Date: _____

Please submit completed form to the Informatics Graduate Studies Office