

Leave of Absence Request Form
The University of Southern Mississippi
Graduate School
118 College Drive #5024 Hattiesburg MS 39406

This form is a fillable PDF. Handwritten forms will not be accepted. Please submit completed form via email.

Graduate students who experience circumstances that prevent them from maintaining active status through continuous enrollment must request leave via this form after consulting with their graduate coordinator, advisor(s), International Students & Scholars Services (ISSS) Office (international students only) and the Graduate School to determine if a leave of absence is appropriate.

Student Name: _____ Student ID: _____

Program(s): _____

Plan(s): _____

Proposed Term & Year of Leave: _____ Proposed Term & Year of Return from Leave (1 year max): _____

Are you currently a Graduate Assistant? _____ *Graduate assistants should see the "Leave of Absence Without Pay" policy in the Employee Handbooks for information on health insurance, benefits, and reinstatement.*

Reason for Leave (use additional sheets if necessary):

Signatures

Student: _____ Date: _____

Program Coordinator: _____ Date: _____

School Director: _____ Date: _____

International Student & Scholar Services Office (international students only): _____ Date: _____

For Graduate School Use Only

Approve Do Not Approve Graduate School Signature: _____