

**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 copies will not be accepted.*

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

Student Name (First, Middle, Last): \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Degree: \_\_\_\_\_

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.*

Attach school agreement (on school letterhead) that is made with your graduate program that outlines the conditions of your return from leave and any supporting documentation for your request.

Reason for Leave (use additional sheets if necessary):

**Signatures**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Director/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

School Director: \_\_\_\_\_ Date: \_\_\_\_\_

International Student & Scholars  
Office (international students only): \_\_\_\_\_ Date: \_\_\_\_\_

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For Graduate School Use Only

Approve ☐ Do Not Approve ☐ Dean of Graduate School Signature: \_\_\_\_\_