**REQUEST FOR**

**LEAVE OF ABSENCE**

**INSTRUCTIONS:**

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Students *must* read the included Leave of Absence Policy *before* completing request;

If students decide to proceed with the request after reading the policy, they must complete this form and obtain signatures of both their Faculty Advisor\*;

For a personal leave, all the information needed is included on this form; for a military leave, students need to include a copy of their orders; for medical or professional leaves, students may submit this form along with a letter from their medical professional (for medical leave) or supervisor (for professional leave), written to the Associate Dean, *to the Warner Registrar*; The Warner School Registrar will notify students regarding the status of their request once the Associate Dean has approved their request;

Once the Registrar receives this completed form, she will register the students for the leave.

*\* In cases where obtaining this signature would work a hardship on the student, she or he may contact the Warner Registrar for assistance (585.273.3383), and other arrangements will be made.*

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**STUDENT’S PERSONAL INFORMATION**

Name:

Last

First

Middle

UR ID# (*not SSN*):

Home Address:

Zip Code

Street Address & Apt. No. or P.O. Box

City

ST

Phone Number(s): ( ) ( )

Home Phone

Work Phone

E-mail Address:

**LEAVE REQUEST SPECIFICS**

Semester for which student is requesting leave

Fall

Spring

Year

*Note: students may request a Leave of Absence for a second semester, but she or he must submit a new Request for Leave of Absence Form, along with accompanying documentation; permissions for extensions of personal or professional leaves beyond two semesters may be granted but will be handled on a case-by-case basis.*

This request is for a:

Medical Leave *(requires letter from physician)*

Military Leave *(requires copy of orders)*

Physician’s Letter

attached

requested

Professional Leave *(requires letter from job supervisor—see policy for guidelines)*

Personal Leave *(requires personal statement—see policy for guidelines)*

**Continued on 2nd page…**

**REASON FOR LEAVE**

*Students must indicate reason for requesting this leave and expected duration before they can resume their program of study.*

**SIGNATURES & APPROVALS** (Student must obtain Advisor’s signature)

Advisor:

Date

Date

Signature

Associate Dean:

Signature

Updated 02/01/2019