



Request for a Leave of Absence

Student's Name: _____ Banner ID: _____ Degree/Major _____

Term(s) of Leave: _____ Graduation Term: _____

Student's Signature: _____ Date: _____

Faculty Advisor [Signature] Type Name Dept. Date

Program Coordinator/ Dept. Chair [Signature] Type Name Dept. Date

College Dean [Signature] Type Name Dept. Date

Graduate Dean [Signature] Type Name Dept. Date

Please provide a detailed justification:

Multiple horizontal lines for providing a detailed justification.

NOTE: A student who is in good standing may petition for a leave of absence of no more than two full academic terms. Complete this form. Email to gradcollege@tamucc.edu to be routed for signatures. Contact CGS with questions 361.825.2174

For CGS Use Only:

____ Data entered on spreadsheet (Initials only) _____ Date
____ Informed Academic Advisor _____ Date
____ Scanned into Laserfiche _____ Date