

THE GRADUATE SCHOOL

Application for Graduate Student Leave of Absence

BINGHAMTON UNIVERSITY

THE GRADUATE SCHOOL

PO Box 6000 Binghamton, New York, 13902-6000
607-777-2077, Fax: 607-777-2501
gradschool.binghamton.edu

Request for leaves of absence should be submitted through the student's department or school at least one month prior to the semester for which leave is requested. In no circumstances can a leave of absence for more than one academic year be considered. A leave of absence is granted only in exceptional circumstances, such as illness or other unusual personal hardship, and requires detailed justification.

Student Information

Name: _____ B Number: _____

Phone: _____ Email: _____

Graduate Program: _____ Semester of entry: _____

Last date of attendance: _____ Semester(s) of requested leave: _____

Please provide a detailed justification for the requested leave:

Student signature: _____ Date: _____

Approvals

Recommendation of Department or School Approve Disapprove

Director of Graduate Studies signature: _____ Date: _____

Department chair signature accepted

Comments: _____

Note: International students must send request to International Student and Scholar Services (ISSS); otherwise, forward to the Graduate School

Recommendation of ISSS Approve Disapprove

ISSS signature: _____ Date: _____

Comments: _____

Action Taken by Graduate School Approve Disapprove Approve withdrawal _____
Effective date

Graduate School representative signature: _____ Date: _____

Comments: _____