Montana Tech  Graduate School Leave of Absence Form

Name:______________________________________   ID#: _________________________________
Local Address & Phone_______________________________________________________________
Degree Program:___________________________________________________________________

Beginning term of the leave of absence (Semester & Year):__________________________________
Term I plan to renew studies (Semester & Year):___________________________________________

Reason for request:

Program Summary
Courses and other requirements completed to this date: (You may attach a copy of an up-to-date transcript.)

Courses and number of credits for which you are presently enrolled:
List all other requirements for your program, and give a timetable for completion of those requirements:

Location where I can be reached during my Leave of Absence:
Address __________________________________________ Phone#: __________________
______________________________________________
E-mail: ________________________________________

Master’s Degree: I understand that all required program elements for the Master’s degree (including non-degree and transfer work completed before the term I was admitted to the program) must be completed within 6 calendar years of commencing graduate course work at Montana Tech.

Continuous Registration:
Graduate student in degree programs must register for credits each Fall and Spring Semester. I understand that I am not required to be registered during an approved leave of absence, however, the continuous registration rule still applies upon my return.

Student’s Signature:_____________________________ Date:____________________
Advisor’s Signature:_____________________________ Date:____________________

☐ Approved    ☐ Denied

Department Head’s Signature:____________________ Date:____________________

☐ Approved    ☐ Denied

Graduate Dean’s Signature:____________________ Date:____________________

☐ Approved    ☐ Denied

Coded By:________
Term Coded:_________