

**KU Graduate Student
Leave of Absence Request PTD Attachment**

Overview

An approved Leave of Absence allows students to take a temporary break from graduate study and enrollment requirements while remaining in good standing with the University and their department. Leaves can last anywhere from one to three semesters (including the summer session). Time during an approved leave does not count against overall time limits to complete the degree, and students do not have to reapply to the program when they return. It is expected that students on leave are temporarily ceasing work toward the degree and are in no way utilizing University resources during the period of leave, including use of faculty time.

NOTE: Jayhawk Flex/CBE students are not eligible for leave of absence.

Student Acknowledgements

Initial each of the following to indicate you have read and understand:

I have spoken with my department's graduate program coordinator/support staff/academic advisor before completing this form.

International students only: I have also consulted an advisor in [ISS](#) prior to submitting this form
and understand the implications taking leave of absence will have on my legal status.

Military students only: I have consulted the [Military-Affiliated Student Center \(MASC\)](#) prior to submitting this form. In some cases, service members called to active duty may have this form completed and submitted on their behalf by a departmental representative. MASC staff will work with department staff to coordinate submission of the form when applicable.

I understand that being on leave of absence impacts federal student loan and private loan repayment status. If I have questions about my loans or other financial aid, I will [schedule an appointment with Financial Aid and Scholarships](#) prior to submitting this form.

I have obtained the required electronic signatures or included alternative supporting documents.

NOTE: For the petition to be reviewed, the student, the Director of Graduate Studies, and the student's faculty advisor (if separate from the DGS) must each sign indicating they are aware of & support the request. Electronic signatures are acceptable, but please note that some forms of e-signatures lock a form from further editing & can prevent others from signing. In lieu of signatures, email copies (PDF only) indicating endorsement of the request may also be attached, *provided they include a reference to the intended return semester indicated below*. As long as the request meets criteria in items 5 and 7 below, students can expect that petition will be approved.

I have withdrawn from all courses starting with the first semester of my requested leave.

NOTE: Withdrawal for the purposes of leave of absence is still subject to all Registrar deadlines, required forms, and applicable tuition and fees. Students should consult the [academic calendar](#) or contact the Registrar with any questions related to refunds or the cost associated with withdrawal. *Please note that students should wait to withdraw from courses until their department support staff member has confirmed that this request form has been submitted through the PTD system.*

I understand that during my leave of absence I am not eligible to hold student employment (i.e., [GTA/GRA/GA](#) or [student hourly positions](#)) and that if I do hold employment or intended to during the semester(s) of leave, I must work with my department to take the appropriate steps to cancel or resign the position.

I understand that any **Incomplete grades** on my academic record will still be subject to the lapse dates and grades indicated by the instructor in Enroll & Pay and that **it is my responsibility to submit remaining work as scheduled or to request an extended lapse date.**

I understand that if I am on **academic probation** at the time the leave is requested, or would be on probation the following semester (e.g. due to cumulative GPA falling below 3.0), the probation term will be applied the first semester I return to enrollment at KU.

I understand that while on leave, I must temporarily suspend my graduate work **and I am not eligible to utilize most University resources and services.**

NOTE: Students on leave do not pay tuition and student fees, therefore they are not eligible to utilize most University resources & services. This includes faculty time, library access, Watkins Health Center & CAPS, student health insurance plans, etc. Exception: students on approved leave of absence do retain access to KU email and OneDrive storage for the duration of the leave.

I understand that once approved for leave of absence, I will be automatically reactivated for the return semester listed below and will be eligible to enroll during the normal enrollment period for that term. **I understand that if I fail to enroll in the indicated return semester, I may be required to reapply for admission to my program.**

I understand that **I must communicate with my program's graduate program coordinator/academic advisor prior to the end of my leave if plans for return change.** (I.e., requesting additional time on leave of absence, or voluntarily withdrawing from the program).

Request Details

1. Name:
2. Student ID Number:
3. Non-KU Email Address:
4. Department:
5. Please indicate which of the following best describes the rationale for the requested leave:
 - medical illness or emergency
 - financial hardship
 - family responsibilities
 - military leave*
 - full-time activities related to long-range professional goals

If your request does not match one of these above, you are not eligible for leave of absence.

**For military service members on extended deployment, please enter your best estimate of when you will actually return, even if this extends beyond one year. While University systems only allow for approval for a single year of leave at one time, this document may serve as an attachment for subsequent PTDs submitted on the student's behalf if the full amount of time is indicated here.*

6. Please provide a brief explanation as to why the leave is necessary, including a justification for the amount of time requested. Requests based on medical justification should be stated in general terms. **Do NOT** include sensitive/private medical information.

7. Intended start term of leave: (e.g., Fall 20XX)

8. First semester you intend to return to enrollment at KU: (e.g., Fall 20XX)

NOTE: Leaves may be taken for up to one academic year (3 semesters, including the summer session).

Signatures

Student Name (print):

Signature:

Date:

Advisor Name (print):

Signature:

Date:

Director of Graduate Study Name (print):

Signature:

Date: