MONTANA
TECHNOLOGICAL UNIVERSITY
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:

[ ]

Coded By:_____

Term Coded:_____

List all other requirements for your program, and give a timetable for completion of those requirements:

[blank box]

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:_____