



Request for Leave of Absence for Informatics Students

Student Name: _____ University ID: _____

LOA Start Date: _____ LOA Return Date: _____

This leave of absence is for the following qualifying reason(s):

- ___ Medical hardship (physical or mental illness, chronic conditions, conditions requiring multiple treatments, overnight hospitalizations) of three (3) weeks or longer
___ Care of family members (spouse, dependent children under age 18, domestic partner, child of a domestic partner, or parent)
___ Death of spouse, domestic partner, child, or parent
___ Military service. Leaves for military service are coordinated with IU Veteran Support Services and the Informatics Graduate Studies Office. International students who are called to military service are encouraged to contact the Office of International Services to determine how such service affects their academic and visa status.
___ Other personal reasons, in exceptional circumstances (Explain below. Limit of 500 characters.)

Requested leave of absence accommodations:

- ___ Term extension of incompletes
___ Excused from academic appointment duties
___ Receive incompletes for current coursework
___ Withdraw from current coursework
___ Other (limit of 500 characters):

Student's Signature: _____ Date: _____

Approved by:

Student's Advisor's Signature: _____ Date: _____

Track Director's Signature: _____ Date: _____

Informatics Director of Graduate Studies' Signature: _____ Date: _____