

**Auburn University
Graduate School**

Leave of Absence Request Form

Date of Request: _____ Term(s) for which leave is requested: _____

Name: _____ Banner ID#: _____

Address: _____

Phone: _____ Email: _____

College: _____ Department: _____

Degree Program: _____

Reason for Request (attach documentation): _____

Student Signature

Date

Approvals

Major Professor or GPO

Dean of the Graduate School