



REQUEST FOR ON-LEAVE STATUS

Name _____ ID# _____
(Last Name) (First Name) (MI) MaineStreet ID (7 Digits)

Mailing Address _____

Location while On-Leave _____ Department _____

Last Registered for Classes or Research at UM _____ Semester 20 _____

Admission Status: Part-time _____ Full-time _____

ACADEMIC YEAR STUDENTS

I wish to apply for On-Leave Status for Fall 20 _____ Spring 20 _____ Summer 20 _____
 (On-Leave semesters must be consecutive)

SUMMER SESSION-CONTINUING EDUCATION STUDENTS

I wish to apply for On-Leave status for Calendar Year 20 _____ - _____
 (Calendar year in this case is defined as a twelve month period beginning with the registration for the fall semester of each University of Maine school year.)

REASON FOR ON-LEAVE (Give brief details):

I will be out of contact with the University Graduate Faculty and Facilities for the period indicated. In order to maintain my place in The Graduate School, I petition for approval of the above request. I have read carefully the regulations covering continuous enrollment given in the most recent issue of the Graduate School Catalog.

 (Student Signature)

 (Date)

 (Advisory Committee Chair or Graduate Coordinator)

 (Date)

 (Bursar's Office Signature) (Verifies Account is Cleared)

 (Date)

INSTRUCTIONS

- (1) Read carefully the section on continuous enrollment in the Graduate School Catalog.
- (2) Complete the information on the above petition.
- (3) Discuss your plans with your advisor or the chair of your advisory committee. Obtain your advisor's signature in the appropriate place above.
- (4) Bring or mail the completed form to The Graduate School
- (5) ENCLOSE REQUIRED FEE OF \$5.00

GRADUATE SCHOOL ACTION: _____ **Approved** _____ **Denied**

FEE PAID _____ **CHECK** _____ **CASH** _____