

Indiana University  
Informatics  
School of Informatics, Computing, and Engineering

**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 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: \_\_\_\_\_

**Please submit completed form to the Informatics Graduate Studies Office**