

College of Liberal Arts and Sciences
Leave of Absence PTD Attachment

PLEASE NOTE: *If you choose to cut and paste text into this form, please make sure it is set at a font size of 12 or less. Larger fonts will not fit properly into the spaces provided.*

1. Name: _____

2. Student ID Number: _____

3. Non-KU Email Address: _____

4. Department: _____

5. Please indicate which of the following best describes the rationale for the requested leave:

- illness or emergency
- financial hardship
- military leave*
- family responsibilities
- full-time activities related to long-range professional goals

If your request does not match one of the above, you are not eligible for leave.

6. Please provide a brief explanation as to why the leave is necessary, including a justification for the amount of time requested.

7. If leave is granted, please confirm which semester the student intends to return to KU*:

- Fall _____
- Spring _____
- Summer _____

****For military personnel on extended deployment, please provide your best estimate of when you will actually return, even if this extends beyond one year. While Graduate Studies policy only allows for approval for a single year of leave at one time, and that is the maximum that can be requested on the PTD form itself, **this document may serve as an attachment for subsequent PTDs** submitted on the student's behalf if the full amount of time needed is indicated here.***

IMPORTANT:

- For the petition to be reviewed, the student, the student’s advisor, and the Director of Graduate Study must each provide his or her endorsement. Please have each individual sign below, **OR** attach to the PTD a copy of the email(s) (PDF only) indicating his or her endorsement of this petition. *All email endorsements must include a reference to the intended return date.*
- Before an approved leave can be processed, you, the student, must withdraw from all courses starting in the first semester in which the leave will apply. If withdrawing on or after the first day of classes, you may be responsible for all or a portion of costs associated with tuition and/or campus fees, depending on the date of withdrawal. Students should consult the academic calendar or contact the Registrar’s Office with any questions related to refunds or the cost associated with withdrawal.

Student: [Print Name] _____

Signature: _____

Date: _____

Advisor: [Print Name] _____

Signature: _____

Date: _____

Director of Graduate Study: [Print Name] _____

Signature _____

Date: _____