



UNIVERSITY OF
SOUTHERN MAINE

**OFFICE OF GRADUATE STUDIES
UNIVERSITY OF SOUTHERN MAINE
LEAVE OF ABSENCE REQUEST FORM**

Student Name (please print): _____

Program: _____

Dates of leave: from _____ to (return date) _____
(Month/Day/Year) (Month/Day/Year)

I wish to apply for a leave of absence from my graduate studies at USM for the following reason:

Student Signature: _____ **Date:** _____

Advisor Approval: _____ **Date:** _____

Program Chair/Director Approval: _____ **Date:** _____

*Forward signed form to:
Graduate Studies, 45 Exeter Street, Portland Campus*

Office of Graduate Studies

207-780-4877

Hand-Delivery Address: 45 Exeter Street

Portland Campus

Mailing Address: P.O. Box 9300

Portland, Maine 04104-9300