



University of Idaho
College of Graduate Studies

Please return this form to the
College of Graduate Studies
cogs-forms@uidaho.edu
Morrill Hall 104
875 Perimeter Drive MS 3017
Moscow, ID 83844-3017

Approval of Planned Leave

Name: _____
First Last

Vandal #: _____ Email: _____

College of Graduate Studies Leave Policy: A student may request approval of a planned leave if the anticipated absence will be longer than one term but for no more than five terms. Approval must be given in advance of the time of absence.

I Request a leave of absence from the University of Idaho

beginning: _____ / _____ and ending _____ / _____
Month Year Month Year

Reason for Request:

Student Signature: _____ Date: _____

Recommendation of Major Professor: _____

Major Professor Signature: _____ Date: _____

Director of Graduate Studies Signature: _____ Date: _____

COGS Dean Signature: _____ Date: _____