

5775 Stodder Hall, Room 42 Telephone: 207.581.3221 Web: umaine.edu/graduate Orono, Maine 04469-5775 Fax: 207.581.3232

Email: graduate@maine.edu

Request for On-Leave Status

This request must be initiated by the student to petition for a leave of enrollment. The student should review the section on continuous enrollment in the Graduate Catalog and communicate their intentions with their advisor. Once the student initiates the petition, it must then be forwarded to the advisory committee chair or graduate coordinator for approval and signature. When the student has obtained the necessary signatures, the petition must be forwarded to the Graduate School for review.

Received by Graduate School

review.	tition must be forwarded to the Graduate Sch	OUTO	
Name		Student ID	
Address	City	State Zip Code	
Degree Program			
ast Semester Enrolled in Cou	urses or Research at UMaine: Fall	Spring Summer Year	
Admission Status:	me Part-Time		
f registered for the current s	emester, should we drop these courses?	Yes No	
Students Enrolled Full-Time I wish to apply for On-Leave	Status for the following consecutive semeste	rs: Fall 20 Spring 20 Summer 20	
Students Enrolled Part-Time			
I wish to apply for On-Leave	Status for the academic year: 20 throug	gh 20	
Reason for On-Leave Request (p	provide brief details)		
indicated. In order to mainta	out of contact with the University of Maine Grain my place in the Graduate School, I petition is covering continuous enrollment given in the	n for approval of the above request. I have	
	Student Signature	Date	
<u></u>	Advisor/Chair or Graduate Coordinator		
Office Use Only Cleared Account Balance Verifie	ed on Bursar's Office Approva	<u> </u>	