

IUPUI Graduate Office Leave of Absence Notification

The purpose of this form is to certify that the student has left the university for a period of time due to their inability to perform the essential functions associated with their appointment as a student within their Graduate program.

This section to be completed by the student:

Student Name: _____ Univ ID# _____

Department/Program/School: _____

First Date of Leave: _____

Estimated Date of Return: _____

This section to be completed by the student's program:

Will the student be able to return to the Graduate program and capable of performing the essential functions associated with their position in the program? Yes No

If "NO," will student be dismissed from the program? Yes No

Comments or limitations suggested:

Graduate Program Director:

Name: _____

Signature: _____

Date: _____

This form should be submitted to the IUPUI Graduate Office, gradrec@iupui.edu, *within two weeks of student's notification to take Leave of Absence.*