

EMERSON
COLLEGE
Graduate Studies

REQUEST FOR LEAVE OF ABSENCE

Name _____	Date _____
(Last) (First)	
(M.I.) _____	
Emerson ID# _____	Social Security # _____
Current Address _____	Program/Department _____
_____	Phone # _____
_____	Home () _____
_____	Work () _____

Have you ever been granted a Leave of Absence? (**Yes / No**) If so, when? _____

Date requested Leave to be effective _____

Date of Return _____

Reason for Request _____

Student's Signature	Date
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GRADUATE STUDIES _____ *Approved* _____ *Denied*

Comments _____

Director of Graduate Studies	Date
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Registrar's Office	Date
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White – Registrar Yellow - Graduate Studies Green - Graduate Financial Aid
Pink - Graduate Program Director Gold - Student