

Indiana University
Computer Science
School of Informatics, Computing, and Engineering

Leave of Absence Request Form

Student Name: _____ 10-Digit University ID: _____

Start Date: _____ End Date: _____ Admit Term: _____

This leave of absence is for the following qualifying reason(s)

- _____ A serious health condition requiring an absence of 3 weeks or longer.
- _____ Care of child within 12 months of birth or adoption of child.
- _____ Death of spouse, domestic partner, child, or parent.
- _____ Care of a spouse, domestic partner, child or parent with a serious health condition when the student is the primary or co-primary caregiver.
- _____ Other; Please attach explanation.

Additional Information: _____

Current Funding Status

_____ RA _____ AI _____ Self-Funded

Requested Accommodations

- _____ Term extension of incompletes
- _____ Absence from student academic appointment duties
- _____ Transfer of all current credits to research
- _____ Grade incomplete for current coursework
- _____ Complete withdrawal from coursework
- _____ Other; please attach explanation

Approval is subject to the following conditions

1. Student must be enrolled in or admitted to the program. Enrolled students must be in good academic standing according to the University Graduate School Bulletin and Program guidelines.
2. The student was not previously granted or on leave for a maximum of 12 months in total.
3. The student and program understand that the leave applies to the current and/or future term from the time of application.
4. The student and program understand that a leave does not automatically extend grades of incomplete.
5. The student and program understand that a leave does not automatically extend or circumvent milestones or other requirements determined by the University Graduate School. Student must

contact the University Graduate School directly to request an extension of candidacy or course revalidation.

6. The student and program understand that a leave preserves the curriculum and requirements designated in the University Graduate School Bulletin at the time of the student's leave in the event of change in curriculum or degree requirements while a student is on leave.
7. The student understands that the Program may choose not to accept a course, thesis or doctoral requirement while he or she is on leave.
8. The student understands that depending on the length and timing of his or her leave, the leave may affect their funding, i.e. fellowship monies received, AI stipend, federal loan, etc., and will contact the Office of the Bursar or their funding source to discuss this matter and any additional fees.
9. The student understands that not returning to their academic program following the end of an approved leave, without prior communication, forfeits any remaining commitments or agreements from the SICE ongoing financial support or special academic arrangements made in subsequent semesters.
10. International student understands that he or she must abide by the rules governed by the Office of International Services.
11. SICE reserves the right to revoke Leave of Absence approval.

Approval

Faculty Advisor Signature: _____ Date: _____

Director of Computer Administration Signature: _____ Date: _____

**Submit completed and signed request to Luddy Hall, Room 1113,
Email to sicecsiu@indiana.edu**