



Midwestern State University
Dr. Billie Doris McAda Graduate School

Thesis Leave of Absence Request

Name: _____ M#: _____

Program: _____

Expected Graduation Date: _____ Have you applied for graduation? Yes No

For which semester and year are you requesting a leave of absence? _____

Reason for Leave of Absence: _____

Please note the following.

- The timeframe for an approved leave of absence is one long semester (fall or spring).
- An approved leave of absence will pause the student's time to degree completion.

Signatures

Graduate Advisory Committee Chair Date

Graduate Coordinator Date

McAda Graduate School Dean Date