COLLEGE OF WILLIAM AND MARY

SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

APPLICATION FOR LEAVE OF ABSENCE

Policy: A leave of absence shall be granted for a specific period of time, e.g., one semester or one year, but is limited to a maximum of one year for the duration of the student's degree program. The student is relieved of the obligation of paying tuition during the period of the approved absence; however, it is understood that a student on leave of absence is not present on campus and drawing upon campus resources.

Students approved for a leave of absence will have their time limit for degree completion requirement stopped for the duration of the approved period. Upon return from approved leave, the student's time limit to degree completion count will resume.

A student must terminate the leave of absence and be a registered student in the semester in which his or her degree requirements are completed or in which he or she graduates.

STUDENT INFORMATION:

FIRST NAME		LAST NAME		BANNER ID		DEGREE PROGRAM
TERM & YEAR OF ENTRY	LOA BEGIN DATE	LOA END DATE	DEPARTMENT			
MAILING ADDRESS DURING LEAVE OF ABSENCE			HOME PHONE			
CITY	STATE	ZIP CODE	ALTERNATE PHONE	WORK	CELL	

I REQUEST A LEAVE OF ABSENCE FROM MY DEGREE PROGRAM ACCORDING TO THE BEGIN AND END DATES LISTED ABOVE. HAVING ENTERED THE PROGRAM IN _____ **, I ANTICIPATE COMPLETING MY DEGREE IN** _____ **.**

               TERM & YEAR OF ENTRY   MONTH/YEAR

                                    STUDENT SIGNATURE   DATE

MAJOR PROFESSOR RECOMMENDATION:		RECOMMEND	DO NOT RECOMMEND
MAJOR ADVISOR NAME	SIGNATURE	DATE	
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE	
DEPARTMENT RECOMMENDATION:		**RECOMMEND**	**DO NOT RECOMMEND**
DEPARTMENT CHAIR NAME	SIGNATURE	DATE	
ACTION OF ASSOCIATE DEAN OF ACADEMIC STUDIES:		**RECOMMEND**	**DO NOT RECOMMEND**
ASSOCIATE DEAN OF ACADEMIC STUDIES NAME	SIGNATURE	DATE	
ACTION OF INTERNATIONAL STUDENTS' ADVISOR (IF APPLICABLE):		**RECOMMEND**	**DO NOT RECOMMEND**
INTERNATIONAL STUDENT ADVISOR, REVES CENTER	SIGNATURE	DATE	

**PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR, WATERMEN'S HALL 253
OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU.**

OFFICE USE ONLY:
   ENTER MILESTONES: _____   INACTIVE IN BANNER: _____   PROCESSED BY: _____   DATE: _____