LEAVE OF ABSENCE POLICY

A leave of absence may be awarded for a period of up to one year. The leave suspends the 5 year time limit for master’s students for the duration of the leave. It does not suspend the time limit for the completion of individual courses.

The time limits for degree completion are:

- Master’s – 5 years
- Doctoral – 9 years

All credit used for the degree, including transfer credit and credit by exam, and irrespective of a Leave of Absence, must be earned within 7 years (master’s) and 9 (doctoral) years of graduation.

PROCEDURE INSTRUCTIONS

Students may request a leave of absence from their graduate program coordinator or chairperson. If the program approves the request, the chairperson or program faculty will complete the Leave of Absence Form (below) and forward it to the Dean of the Graduate College for final approval. A leave of absence does not take effect until after approval has been received from both the program coordinator or chairperson, and the Dean of the Graduate College.

Any student who does not enroll following termination of a leave of absence will be deactivated from the Graduate College and will need to apply for reactivation.

A Leave of Absence must be requested prior to the semester in which it will be taken and cannot be approved for a semester that has already started. If a student withdraws mid-semester, they can submit a Leave of Absence request for the following semester at the time of the withdrawal, if needed.

If a student takes a Leave of Absence following an approved medical withdrawal, they must go through the medical withdrawal re-entry process with the Dean of Students Office. Information regarding the re-entry process may be found here: https://www.uvm.edu/policies/student/medicalwithdrawal.pdf

Please contact the Graduate College with any questions at 802-656-3160 or gradcoll@uvm.edu.
REQUEST FOR LEAVE OF ABSENCE

To: Dean of the Graduate College
The University of Vermont
330 Waterman Building
Burlington, Vermont 05405

This is a request for a leave of absence for:

Student name: ____________________________ Graduate Program: ________________________

Requested start date of leave: _______________ Planned semester of return: ______________

The reason(s) for this request are as follows:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_____________________________________    __________________
Student Signature        Date

Address: _____________________________

_____________________________________
_____________________________________ 
_____________________________________ 
_____________________________________ 

I support this request and ask that you honor it

_____________________________________    __________________
Signature of Chair or Program Coordinator     Date