

**GRADUATE PETITION FOR LEAVE OF ABSENCE OR WITHDRAWAL**

TYPE OF REQUEST: LEAVE or EXTENSION OF LEAVE \*\*\*\*\*WITHDRAWAL from UCR

*If you have paid fees for the quarter and instruction has begun, your refund of fees is based upon the date this form is received by the Graduate Division even if the request is for the entire quarter (see next page for refund schedule).*

Leave of Absence Deadlines: Fall Quarter: 9/15/16

Winter Quarter: 12/15/16

Spring Quarter: 3/13/17

**FOR STUDENT TO COMPLETE:**

Name: \_\_\_\_\_ SID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Major: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate if you are requesting a leave of absence or a withdrawal from the University \_\_\_\_\_

Are you requesting a withdrawal from courses for the current quarter? \_\_\_\_ Yes \_\_\_\_ No *(If yes, see refund policy)*

If you are requesting a leave, which quarters do you want? \_\_\_\_ Fall 2016 \_\_\_\_ Winter 2017 \_\_\_\_ Spring 2017

If you are requesting a leave, which quarter & year will you re-enter? \_\_\_\_\_

Are you a foreign student? \_\_\_\_ Yes \_\_\_\_ No Visa Type \_\_\_\_\_ *(If foreign, obtain International Service's signature)*

Are you receiving Financial Aid? \_\_\_\_ Yes \_\_\_\_ No *(If yes, obtain Financial Aid Office's signature)*

Please indicate why you are requesting a leave or withdrawing:

**Please sign that you understand that a Leave of Absence is subject to the following conditions:**

1. Graduate students on Leave of Absence forfeit the use of University facilities and faculty time.
2. Graduate students must have at least 1 quarter of residency at UCR and have at least a 3.0 GPA to be eligible.
3. Graduate students cannot work in a job or occupation related to their degree nor can they work on any UC campus.
4. Graduate students cannot take qualifying exams, or receive credit for academic course work taken while on Leave.
5. Graduate students on Leave are not eligible for financial aid or fellowships.

X Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT TO COMPLETE:**

*Please explain why you approve this request and provide any additional information that might be helpful:*

X Approval of Graduate Advisor \_\_\_\_\_ Date: \_\_\_\_\_

X International Education (If International Student) & Date \_\_\_\_\_

X Financial Aid Office (if student receiving Financial Aid) & Date \_\_\_\_\_

Graduate Division Approved \_\_\_\_\_ Effective Date: \_\_\_\_\_

**LEAVE OF ABSENCE:**

A Leave of Absence is intended to allow the temporary interruption of a student's academic program and is granted for the following reasons:

- Serious illness or other temporary disability
- The need to concentrate on a job or occupation not directly related to the degree program
- Family responsibilities

To be eligible for a Leave of Absence, students must have the approval of their Graduate Advisor, be in good standing, and have been enrolled for at least one quarter. All leaves require a justification from the Graduate Advisor of the student's department.

Since students on Leave do not pay fees, they may not use University facilities or make demands on faculty time. Students on Leave are ineligible for fellowships, research grants, or financial aid. A graduate student on Leave may not work on any UC campus nor can they take qualifying examinations or receive credit for academic work done during the leave period.

Leaves are not granted for more than three quarters with the exception of childbearing cases. In such cases, students may be considered for additional quarters of leave.

Students on Leave are not automatically enrolled in the University's Health Insurance Program (GSHIP). If you were enrolled in GSHIP the previous quarter, you are eligible to enroll in the GSHIP on a voluntary basis. Students applying for three consecutive quarters of leave are eligible to enroll in the GSHIP on a voluntary basis for a maximum of two consecutive quarters. For more information or assistance, please call the Student Health Insurance Office at 951-827-5683.

**WITHDRAWAL:**

Students who wish to cancel their registration prior to the first day of classes should contact the Graduate Division. They will receive a full refund of fees minus processing fee. Thereafter, the amount of the refund is determined by the date on which a withdrawal form is filed with the Graduate Division.

Refunds of the Graduate Student Health Insurance fee vary; contact the Campus Health Center at (951) 827-5683.

**REFUND SCHEDULE:** Based on calendar days beginning with the first day of classes.

Days	New Students Receiving Federal Financial Aid	All Other Students	Fall 2016	Winter 2017	Spring 2017
2-7	90%	90%	09/23-09/28	01/10-01/15	04/04-04/09
8-14	80%	50%	09/29-10/05	01/16-01/22	04/10-04/16
15-18	70%	50%	10/06-10/09	01/23-01/26	04/17-04/20
19-21	70%	25%	10/10-10/12	01/27-01/29	04/21-04/23
22-28	60%	25%	10/13-10/19	01/30-02/05	04/24-04/30
29-35	50%	25%	10/20-10/26	02/06-02/12	05/01-05/07
36-42	40%	0%	10/27-11/02	02/13-02/19	05/08-05/14
43 or more	0%	0%			