UNIVERSITY OF HAWAI'I AT HILO
GRADUATE DIVISION

Graduate Division
Office of the Registrar

PETITION FOR LEAVE OF ABSENCE

Part I. To be completed by the student

Name _____ UH Number _____-_____
LAST, FIRST, M.I.

Graduate Program _____ Degree Objective _____

Mailing Address _____
STREET APT NUMBER CITY STATE ZIP CODE

Semester(s) of Leave _____ & _____ Semester of Return _____
TERM & YEAR TERM & YEAR TERM & YEAR

Reason for Leave
☐ Personal
☐ Maternity
☐ Care for ill family member

Previous Leave (if any)
_____ & _____
TERM & YEAR TERM & YEAR

I certify that I have read and understand the policies regarding graduate student leave of absence.

_____ Date _____
Signature of Student

Obtain approval signatures from the following offices, if applicable:

_____ Date _____
Financial Aid Officer

_____ Date _____
International Student Services (for International Students)

Part II. To be completed by the graduate program chair

☐ Approved ☐ Not Approved _____
Reason for disapproval

_____ Date _____
Signature of Program Chair

GRADUATE DIVISION ACTION

☐ **Approved** ☐ **Not approved** **By**_____ **Date** _____

Remarks

Original submitted to the Office of the Registrar, received_____

Petition LOA 8/25/09