



**PETITION FOR LEAVE OF ABSENCE**  
(For Graduate Programs)

Graduate Division / 200 West Kawili St. Hilo, HI 96720-4091 / COBE Building Room 201 / Phone: (808) 932-7927 / E-mail: hilograd@hawaii.edu

- Under exceptional situations, students may apply for a Leave of Absence.
- Students on leave are excused from the registration requirement during the period of the leave.
- A leave is normally granted for six months with a possible extension of six months for a total of up to one year.
- A leave of absence is granted only in exceptional circumstances, such as illness or other unusual personal hardship, and requires detailed justification.
- A leave is not granted to students who wish to absent themselves to undertake thesis or dissertation research elsewhere.
- If possible, requests for leaves should be submitted one month prior to the semester for which the leave is requested.
- By completing this form, I understand that I may be required to re-apply with UH Hilo for future registration.

**SECTION I: Student & Term Information:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_@hawaii.edu Phone: \_\_\_\_\_ Graduate Program: \_\_\_\_\_

Semester(s) of Leave: \_\_\_\_\_ I Intend to Return in the FALL / SPRING of \_\_\_\_\_

Reason for Leave:      Personal                      Previous Leave (if any): \_\_\_\_\_ and \_\_\_\_\_  
    Maternity                                      Term & Year                      Term & Year  
    Care for ill family member  
    Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: Obtain Approving Signatures**

Primary Advisor Name: \_\_\_\_\_

Primary Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Chair Name: \_\_\_\_\_

Graduate Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid: \_\_\_\_\_ Date: \_\_\_\_\_  I am not receiving Financial Aid

International Student Services: \_\_\_\_\_ Date: \_\_\_\_\_

(For International Students Only)

**SECTION III: Submit ORIGINAL completed form to the Graduate Division**

Graduate Council Chair Name: \_\_\_\_\_

Graduate Council Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor for Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GRAD DIVISION OFFICE USE ONLY:  SPACMNT     STAR     SGASTDN    Date: \_\_\_\_\_    Initials: \_\_\_\_\_

REGISTRAR OFFICE USE ONLY:  STAR Note     SGASTDN    Date: \_\_\_\_\_    Initials: \_\_\_\_\_