



# PH.D. PROGRAM RETURN TO STUDY PLAN

Student name \_\_\_\_\_

Advisor name \_\_\_\_\_

Starting semester and duration \_\_\_\_\_ of planned absence (e.g., *winter 2025, one semester*).

Semester of planned return to \_\_\_\_\_ study (e.g., *spring/summer 2025*).

Provide a brief explanation of the reason for your planned absence from the Ph.D. program:

---

---

---

---

I understand that approval for a leave of absence does not extend my time limit for completion of the Ph.D.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## Office use

Approved       Denied

Reason for denial \_\_\_\_\_

---

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_