College of Liberal Arts and Sciences
Leave of Absence PTD Attachment

PLEASE NOTE: *** If you choose to cut and paste text into this form, please make sure it is set at a font size of 12 or less. Larger fonts will not fit properly into the spaces provided.***

1. Name: _____

2. Department:_____

3. Please indicate which of the following best describes the rationale for the requested leave:

> _ illness or emergency
> _ financial hardship
> _ military leave (please see special note under #5 below)
> _ family responsibilities
> _ full-time activities related to long-range professional goals

> *If your request does not match one of the above, you are not eligible for leave.*

4. Please provide a brief explanation as to why the leave is necessary, including a justification for the amount of time requested.

5. If leave is granted, please confirm which semester the student intends to return to KU:
> _ Fall _____
> _ Spring _____
> _ Summer _____

> *For military personnel on extended deployment, please provide your best estimate of when you will actually return, even if this extends beyond one year.* *While Graduate Studies policy only allows for approval for a single year of leave at one time, and that is the maximum that can be requested on the PTD form itself,* **this document may serve as an attachment for subsequent PTDs** *submitted on the student's behalf if the full amount of time needed is indicated here.*

IMPORTANT: For the petition to be reviewed, the student, the student's advisor, and the Director of Graduate Study must each provide his or her endorsement. Please have each individual sign below, **OR** attach to the PTD a copy of the email(s) indicating his or her endorsement of this petition. *An email endorsement must be a PDF of an actual sent email and include a reference to the intended return date.*

Student: [Print Name]_____

Signature_____

Advisor: [Print Name]_____

Signature_____

Director of Graduate Study: [Print Name]_____

Signature_____