



COLLEGE of CHARLESTON

GRADUATE SCHOOL
UNIVERSITY OF CHARLESTON, S.C.

REQUEST FOR MILITARY LEAVE OF ABSENCE FROM THE GRADUATE SCHOOL

1. _____
CWID Degree or Certificate Program Current Term
2. _____
Last Name First Name Middle / Maiden Name
3. _____
Email (Please Print Clearly) Home or Cell Phone Number

Date Requested: _____ Semester(s) Requested: _____

| | |
|--|--|
| I am called to active duty. | |
| My _____ (specify relationship) is called to active duty necessitating my withdrawal from classes. | |
| Are you currently enrolled in classes? (indicate Yes/No & term last attended) | |
| Do you wish to withdraw from courses this term? (If so, please notify the GSO in writing of the courses from which you need to be withdrawn) | |

Note: Please attach a copy of the military orders and a statement about how this affects your ability to continue graduate work at this time.

Student Signature

Date

GSO STAFF ONLY

Approved: _____ Not Approved: _____

Processed by: _____ Date: _____

Dean of Graduate School Signature and Date:

Date: _____