

Leave of Absence

ADV Form 5

IMAGING: GRSLeave Admit Year/Term:

Please complete form and return to Graduate Studies (105 FPH) with appropriate official documentation attached.

Student Information								
Name				BYU	D Number			
Current Mailing Address			Graduate Department					
City State or Province Postal Code Country				Graduate Program				
Telephone Number	E-mail Address			Gradu	uate Degree			
Country of Citizenship	try of Citizenship US Permanent Resident # (If applicable)			Semester/Term and Year Admitted: Fall Winter Spring Summer Year				
Leave of Absence Information								
Reason for leave of absence:		Medica	I Mi	ilitary	Mission	COVID-19		
Are you currently registered for classes?								
If yes, will you be completing the current semester/term? ☐ Yes ☐ No**								
Semester/term and year to begin a	bsence:	Fall	□W	inter	Spring	Summer	Year	
Anticipated semester/term and year	to return/register:	Fall	□W	inter	Spring	Summer	Year	
* If this leave is due to COVID, ple should be approved by the Gradua						for Exception for	orm; the petition	
**Please note that if your leave rec Discontinuance Office (B-150 ASB								
Student Signature								
I have attached the appropriate of understand that the time spent in degree and eight years for doctors	a leave of absence	will not extend	d the tim	ne limit	for degree co	ompletion (five y	ears for master's	
I also understand that if I am serving an LDS mission, my ecclesiastical endorsement will expire during my leave. Therefore, I will need to obtain a new endorsement (see endorse.byu.edu). Be sure to click on "Currently Serving Missionary."								
If I have been on a medical or mili clicking on "Applicants" at endorse							dorsement by	
Printed Name of Student	udent Original			Signature of Student			Date	
Office Use Only ☐ REG01 ☐ ADV13 ☐ Mailed to department ☐ Mailed to stu		I Consisse		Initia	le:	Date:		