

FORM J. Ph.D. Leave of Absence Request

TO: Dean, Toulouse Graduate School

CC: Student's Doctoral Committee Chair

Student's Name _____ Student ID Number _____

The student above has been approved for a leave of absence from the IS Ph.D. Program for the following semester(s)

Reason: _____

Approved:

Program Director Date

Department Chair Date

Please return this form to CI-IISPhD@unt.edu.