



School of Conflict Management,
Peacebuilding and Development

Intent to Take a Leave of Absence

Student's Name:	KSU ID:
Address:	
Email:	
Phone:	

Reason for leave of absence _____

Will you complete the present semester? _____

If not, from what course(s) will you be withdrawing? _____

What was or will be the last date you attend class at KSU? _____

Do you plan to complete your degree? _____

Student Signature _____ Date _____

INCM Program Director Signature _____

Effective Term _____

Date Processed _____

* A student may request a leave of absence for one semester, two consecutive semesters, or three consecutive semesters (Summer semester included). There is a 12-month limit for any one request of leave of absence. A student may submit multiple requests for a leave of absence subject to a 3 semester limit, while enrolled in a specific graduate program.