

Personal Leave of Absence Petition UCSB Graduate Division

Name: Perm: International Student Visa:
UCSB Email: Major: Degree Objective:

I have fellowship funding Yes No If yes, funding source:

Central fellows must reach out to the Graduate Division Financial Unit to discuss potential changes to their fellowship schedule
Departmental funding must be discussed with the Department Chair/Faculty Advisor/PI

Quarter(s) of leave requested (enter year):
Fall: Winter: Spring:

I will reside in the following country during my leave:

If travelling to China, Cuba, Iran, North Korea, Russia, Syria, Ukraine, or Venezuela, approval from the Export Control Officer must be obtained

Explanation of personal leave:

I have read the leave of absence information and understand the terms and conditions associated with being on leave. By signing below, I acknowledge that during my approved leave quarter(s):

1. I was registered* the academic quarter preceding this leave request, or am requesting a leave extension from the preceding quarter
2. I am not eligible to, and will not, hold a student academic appointment (TA, GSR, Reader, Tutor) or any other student employment
3. I am not entitled to use any University services supported by registration fees, including faculty time
4. I've consulted my department/faculty advisor/PI regarding implications to my funding upon my return from an approved leave
5. I may be eligible to purchase graduate student health insurance and understand that enrollment is NOT automatic, I must enroll online on time (voluntary enrollment periods are on the Student Health website)
6. I've obtained Export Control Officer approval if traveling to China, Cuba, Iran, North Korea, Russia, Syria, Ukraine, or Venezuela
7. **A non-refundable \$20 petition fee will be charged to my BARC unless I'm extending a current leave**

Student Signature: Date:

*If on an approved personal leave in spring quarter, to be eligible to complete a degree in the summer or apply for a fall filing leave of absence, students must register for summer sessions

Graduate Program Approval: I have read the LOA Terms and Conditions, and certify that the above graduate student is eligible for a leave of absence

Department Chair/Faculty Graduate Advisor:

Name: Signature: Date:

OISS Representative:
Name: Signature: Date:

Grad Div Use Only: Signature: Date:

Approve
Deny

Non-refundable \$20 petition fee:

UC SANTA BARBARA
Academic Services
Graduate Division