



School
of Social Work
PORTLAND STATE UNIVERSITY

PORTLAND STATE UNIVERSITY
Ph.D. in Social Work and Social Research
LEAVE OF ABSENCE Form

Student's Name: _____ ID No: _____

Year in the Program: _____ PSU Email Address: _____

Advisor: _____

Requested Term for Leave of Absence starting from: _____
Term Academic Year

Term Expected to Return: _____
Term Academic Year

By signing below, I verify the followings;

- I am a student in good standing in the Ph.D. Program in Social Work and Social Research.
- I understand that the leave of absence does not constitute a waiver of the time limit for completion of the degree at Portland State University, nor does it does it extend the regular one-year limit for completion of a course.
- I have discussed with my advisor and made a plan to progress in timely manner when I return to the program.

Signature: _____ Date: _____

Ph.D. Program Approvals

Advisor: _____ Date: _____

Ph.D. Program Director: _____ Date: _____