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 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: ______________________