



Department of Physics
UNIVERSITY OF WISCONSIN-MADISON

LEAVE OF ABSENCE FORM

Student Name: _____

Faculty Advisor Name: _____

I am requesting a leave of absence effective: (semester/year) _____

Reason:

I expect to return to the program: (semester/year) _____

- I understand that I will need to request re-entry with the Graduate School by completing a re-entry application which must be approved by the Physics Ph.D. Program. I will contact the Graduate Program Manager at least 6 weeks before the beginning of the semester of re-entry to initiate the process of returning to the Ph.D. program.

Comments:

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Director of Graduate Study Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Department of Physics

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