



UNIVERSITY OF NOTRE DAME

DEPARTMENT OF APPLIED AND COMPUTATIONAL MATHEMATICS AND STATISTICS

PhD Leave Form

I, _____, plan to request a leave of absence for the

(check one) Fall Spring semester during the _____ academic year due to

_____.

By signing below, I confirm that I will complete:

- The Registrar’s Leave of Absence eform.
- Inform University Health Services of any change in my insurance situation.
- Provide the required documentation to the ISSA (if international student).
- Inform the Associate Chair (if TA duties were requested).
- Complete all steps necessary to request leave as outlined in the Academic Code of the Graduate School.

Signed: _____ Date: _____
Student:

Signed: _____ Date: _____
Advisor:

Signed: _____ Date: _____
Advisor:

Signed: _____ Date: _____
DGS:

Please return the signed form to the ACMS Department in 153 Hurley Hall.

