

Request for Leave of Teaching

GRADUATE STUDENT REQUEST FOR TEACHING LEAVE

Name _____ Student ID# _____

Address _____ Telephone _____

City, State Zip Matriculation semester/year

Please check if this is a change of address/telephone/email.

Filing Date _____ **Deadlines: Fall - February 1 // Spring - September 15**

Number of semesters of English 1 or English 2 you have taught (include current semester if applicable) _____

Have you ever taken leave from teaching? No Yes Date(s) _____

Semester *current* request is to become effective _____ Semester of Return _____
semester/year semester/year

Reason for request (please attach additional comments as necessary)

Student signature

FOR DEPARTMENT USE ONLY

Statement of department approval/disapproval

Director of Graduate Studies signature Date

Director of First-Year Writing Program signature Date

Date _____ Approved Disapproved