*A student who has a valid excuse that causes the suspension of activities associated with the coursework, thesis, or dissertation may appeal for a leave of absence. The period for leave of absence is limited to 4 academic semesters during Master's or Ph.D. studies. In appeals made after five weeks of the commencement of classes, an officially dated Medical Council Report stating a medical problem of the student, or any evidence, which supports and proves a compelling private excuse such as death or serious illness in the immediate family, should be provided.*

*This application form must be filled and signed by the student since application by proxy is not acceptable. All documentation, if any, supporting the request/application should also be attached, for a leave of absence to be considered. Incomplete application forms will be returned to the Department.*

**Part I. Student Information [To be completed by the Student]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student No. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 | Type of Program | [ ] Master's | [ ] Ph.D. |
| Student's Name |  | Period of Leave |
| Academic Year | Semester (Check one) |
| Department |  | 20y y y y - 20y y y y | [ ] Fall | [ ] Spring |
| Contact Address |  | Telephone*Area Code +Phone #* |  |
| **Reason for Leave of Absence***Attach a separate sheet, if needed.* |
|  |
| Attached Documents, if any | 1 |  | Student's Signature |  |
| 2 |  | Date of Application |  |

**Part II. Additional Information [To be completed by the Supervisor/Department Chair]**

|  |
| --- |
| Leave of absence in the previous semesters, if any |
| Academic Year | Semester | Academic Year | Semester |
| 1 | 20y y y y - 20y y y y | [ ] Fall | [ ] Spring | 3 | 20y y y y - 20y y y y | [ ] Fall | [ ] Spring |
| 2 | 20y y y y - 20y y y y | [ ] Fall | [ ] Spring | 4 | 20y y y y - 20y y y y | [ ] Fall | [ ] Spring |
| GPA in the Last Semester |  | CGPA |  | Applied before the end of the 5th week? | [ ] Yes | [ ] No |
| Supervisor/ChairTitle and Name |  | Signature |  | Date |  |

**Part III. Consent of the Department Chair**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Notes |  | Evaluation Result | [ ] Recommended | [ ] Not Recommended |
| Department ChairTitle and Name |  | Signature |  | Date |  |

*Form should be submitted to the Dean's Office to be sent to the Institute of Graduate Studies and Research.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DeanTitle and Name |  | Signature |  | Date |  |

**Part IV. Decision of the Council of the Institute**

No need for the Council meeting if the Director has been given the approval authority by the Council of the Institute.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Council Meeting Date |  | Meeting & Decision Numbers |  | Evaluation Result | [ ] Approved | [ ] Not Approved |
| IGSR DirectorTitle and Name | Prof. Dr. Ali Hakan Ulusoy | Signature |  | Date |  |

**Part V. Outstanding Debt [To be completed by the Financial Affairs Office]**

|  |  |
| --- | --- |
| Outstanding Debt | Semester Payment |
| USD ($) |  | TRY (₺) |  | USD ($) |  | TRY (₺) |  |
| Director's Name |  | Signature |  | Date |  |

**Part VI. Approval of the Vice-Rector for Student Affairs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Notes |  | Evaluation Result | [ ] Approved | [ ] Not Approved |
| Vice-RectorTitle and Name |  | Signature |  | Date |  |

*One approved copy of this form should be sent to:*

* *the Institute of the Graduate Studies and Research,*
* *the Registrar's Office,*
* *the Financial Affairs Office,*
* *the EMU Dormitories,*

*by the Office of the Vice-Rector for Student Affairs.*