

FORM: REQUEST FOR GRADUATE PROGRAM LEAVE OF ABSENCE

Initiated by: ☒ Student ☐ Graduate Program

FULL NAME: Stephanie Pierce

Evergreen student number: A 00365165

Contact information:

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Mailing Addresses: 7700 Spurgeon Creek Rd SE Olympia WA, 98513

Quarter last enrolled: Spring 2022

Reason for leave of absence from graduate program: Long haul Covid

Proposed quarter to return: Spring 2023

Signature: Stephanie Pierce

Date submitted: 19 Sept 22

Current Academic Standing: _____

AD review completed: _____ Decision: _____

Director review completed: _____ Decision: _____

Returning student review committee review completed: _____ Decision: _____

Documented in SPACMNT in Banner: _____