

FORM: REQUEST FOR GRADUATE PROGRAM LEAVE OF ABSENCE

Initiated by: ☒ Student ☐ Graduate Program

FULL NAME: Alicia Heetderks

Evergreen student number: A 00430459

Contact information:

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Mailing Addresses: 6051 61st Ave SE Lacey, WA 98513

Quarter last enrolled: Spring 24

Reason for leave of absence from graduate program: Surgery

Proposed quarter to return: Fall 25

Signature: Alicia Heetderks

Date submitted: 6/28/24

Current Academic Standing: _____

AD review completed: _____ Decision: _____

Director review completed: _____ Decision: _____

Returning student review committee review completed: _____ Decision: _____

Documented in SPACMNT in Banner: _____