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| --- | --- | --- |
| A logo with a mountain and tree  Description automatically generated | MES Leave of Absence Form |  |

Leave of absence initiated by: Student \_\_X\_\_\_\_\_ or Graduate Program \_\_\_\_\_\_\_\_

## Leave of Absence Requestor Contact Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Eleanor Hicks-Green |  | A00360712 |  | Spring 2024 |  | 9/6/2024 |  |  |  |
| Student Name |  | A Number |  | Quarter last Enrolled |  | Date |  |  |  |
| Eleanor.hicks\_green2@evergreen.edu |  | 512.788.0696 |  | 3022 Maringo rd SE Olympia, WA 98501 |
| Email |  | Phone |  | Address |

Reason for leave request: \_\_\_\_\_\_Financial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that a leave of absence from the Master of Environmental Studies program at The Evergreen State College allows you to place a hold on your time to degree attainment for 1 year from your last enrolled quarter. You will be contacted at the end of your 1 year to return to the graduate program and renew your studies, or withdraw from the program until you may return at a later time with a re-admission application.

### Please indicate that you accept the terms and conditions of your leave of absence from MES:

\_\_X\_ **Yes**, I accept the terms and conditions at this time.

\_\_\_ **No**, I do not accept the terms and conditions at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall 2025
Student signature Proposed Quarter to Return

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Director Signature Date