

Leave of Absence Request Form

Mandatory for students whose deadline for thesis submission is less than 6 months at the time of the request

Teacher Dr.
Director of the Graduate Program in
.....

from (department)
of University of São Paulo

I,,
enrolled in the aforementioned program, nº USP,
..... course and supervised by Prof. Dr.
....., come through this document to solicit a **LEAVE OF
ABSENCE** for days, since/...../.....

1) Reason

- Health reasons Family health reasons
 Maternity leave Professional reasons
 Other reasons:

OBSERVATION: In professional reasons, the student must attach a letter of her/his employer informing the reason and the period of absence solicited by the student.

2) Justification

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3) Attach supervisor's reasoning (MANDATORY) and a detailed timeline of activities to be done after the end of the leave of absence, confirming that the student, when the leave of absence is done, would be able to complete him/her thesis, following the stated timeline.

...../...../.....
Date (DD/MM/YYYY)

.....

Supervisor's Signature

.....

Student's signature

4) CCP's (Coordinating Committee of the Chemistry Program) reasoning

Request analyzed by CCP in a session made in/...../..... with a

positive negative feedback

.....

CCP's coordinator signature

5) CPG's (Committee of the Graduation Programmes) reasoning

Request analyzed by CPG in a session made in/...../..... with a

positive negative feedback

.....

CPG's coordinator signature