This policy provides continuing support, in the form of paid and unpaid leave, and milestone extensions, for graduate students in the School of Education.

Part A – PAID LEAVE (Paid leave applicable for Student Academic Appointments on IUB campus only)

PART B – UNPAID LEAVE

PART C – POLICIES APPLICABLE TO ALL LEAVES

PART D – SUPPORT APPLICABLE TO PAID AND UNPAID LEAVE

PART E – PROCEDURE

A. PAID LEAVE (Family and Medical leave) Applicable to students with an SAA on the IUB campus only.

Reasons for Paid Family and Medical Leave: Critical medical or family situation, defined as:

- A serious health condition requiring an absence of 3 weeks or more
- Care of a child within 12 months of the child's birth or adoption
- The serious health condition of a spouse, domestic partner, child, or parent when the student is the primary or co-primary caregiver and the absence is anticipated to continue for at least three weeks
- Death of a spouse, domestic partner, child or parent

Eligibility To be eligible for paid leave a student must:

- be enrolled full-time in an School of Education graduate degree-granting or teacher certification program
- have completed at least one full-time fall or spring semester in your current School of Education graduate program
- hold a Student Academic Appointment in the School of Education, including affiliated centers, of at least 37.5 % FTE at the time of the leave OR hold a stipend-bearing fellowship during a non-working year

Terms and Conditions of Paid Leave Students on paid family or medical leave who are on eligible Student Academic Appointments for the entire fall or spring term shall receive continuing full support including stipend, health insurance, and any fee remission for up to 6 consecutive weeks of leave, or to the end of the semester, whichever occurs first. Students on eligible summer appointments shall receive continuing full support for up to 2 consecutive weeks; students on other eligible appointments shall receive a number of leave days proportionate to the total duration of their appointment. During the time of the leave, the student’s duties and responsibilities will be reduced to providing information related to current students or research projects, as requested by the hiring department or center. Students on paid leave will be considered active in their programs and enrolled fulltime. Those who have been nominated to candidacy will have to remain enrolled in dissertation credits (795, 799 or G901) during the time of the leave.
B. UNPAID LEAVE

Reasons for Unpaid Family and Medical Leave: Personal reason for sitting out of studies temporarily, and/or extension of a paid leave period without pay.

Eligibility To be eligible for unpaid leave a student must:
- be enrolled full-time in an School of Education graduate degree-granting or teacher certification program
- have completed at least one full-time fall or spring semester in your current School of Education graduate program
- the student may hold a Student Academic Appointment in the School of Education and request to combine unpaid leave with paid leave

Terms and Conditions of Unpaid Leave Students on unpaid leave will be considered active in their programs but not enrolled full-time. Those who have been nominated to candidacy will have to remain enrolled in dissertation credits (795, 799 or G901) during the time of the leave.

Students on unpaid leave for serious medical reasons, caregiving, bereavement and maternity reasons as listed above, but not using the leave to extend paid leave, may apply for extension of academic milestones.

Students on unpaid leave and using this leave to extend a paid leave will not receive a stipend for the unpaid period of leave, but may continue to receive health insurance and fee remission depending on the timing of this extension. During the time of the leave, the student’s duties and responsibilities will be as agreed between the student and the hiring department or center.

Students on unpaid leave for personal reasons not including caregiving, bereavement and maternity reasons as listed above, are not eligible for extension of academic milestones.

C. POLICIES APPLICABLE TO ALL LEAVES

Leave Frequency and Total Leave

Graduate students may take family or medical leave in up to two terms of every five calendar years, but must be enrolled full-time for at least one fall or spring term between leaves. All leaves of any kind taken during one program of study may not total more than 104 weeks, inclusive of summer sessions. Family leave for the birth or adoption of a child must be concluded within 12 months of the birth of the child or the date on which the child is placed for adoption with the student.

Responsibility of the Student

It is the responsibility of the student:
- To request the leave as soon as possible after the need is realized, before the beginning of the semester if possible. If the leave could not be anticipated, request for the leave should be made no more than one week after the need for the leave occurs. Leaves may be denied if the student does not provide adequate notice of the request.
- To provide any requested medical certification or other verification of the reason for the leave.
- To discuss with the assigned faculty advisor the impact of the leave on course and degree progress, and to make any necessary special arrangements. These arrangements should be made as part of the initial request for a leave whenever possible, and may be denied if made more than one week after the leave has begun.
To provide certification of ability to return to duties at the end of the leave, where appropriate.

To provide information related to current students or research projects associated with SAA responsibilities, as requested by the hiring department or center. It is the responsibility of the hiring unit to arrange for covering the student's remaining duties during the time of the leave; the student is expected to be cooperative in this process.

For students who have been nominated to candidacy, to remain enrolled in dissertation credits (795, 799 or G901) during the time of the leave.

Return from Leave

Evaluation of a graduate student’s academic progress and performance shall not be affected negatively by an approved period of leave which conformed to the requirements spelled out in this policy. Upon return from an approved leave, a student whose contract is still in effect will be assigned the same or similar duties, as determined by the needs of the department or center, to complete the remainder of that contract.

D. Support Applicable to Paid and Unpaid Leave

Students approved for a family or medical leave, paid or unpaid, will be entitled to apply for a one-term extension of all major degree milestones and time limits (qualifying exam deadlines, number of years between passing the oral qualifying exam and obtaining the degree). Students who are enrolled in G 901 during the leave, or who have incomplete grades due to expire during the term of the leave, may also be eligible for extensions of the standard limits. Applications for such extensions are subject to approval from Graduate Studies (SoE programs) or the University Graduate School (Ph.D. programs).

Current enrollment status will not be automatically affected by paid or unpaid Family and Medical Leaves. Students should discuss options with their primary faculty advisor and make individual arrangements with course instructors for any necessary accommodations to enrolled courses. On approval of the leave, these options may include:

- A waiver of drop/add fees so that students can transfer from regular courses to research credits during the period of the leave, and
- Complete withdrawal from current coursework, processed at the end of the semester and leaving the SAA and associated benefits intact.

If at all possible, such requests for these supports should be made as part of the initial request for the leave, and should be accompanied by a written recommendation from a faculty advisor. Such requests are likely to be denied if they are made more than one week after the leave has begun.

E. PROCEDURE

A student should fill out the Request for Leave Form and review it with their primary faculty advisor and, for paid leaves, with their SAA supervisor. The student turns the form in to their major department, for paid leaves accompanied by a memo describing the specific arrangements, if any, pertaining to timeline and SAA responsibilities. When the form has been signed and approved at the department level, department staff forward it to the Office of Graduate Studies. Final approval of family and medical leaves will be made by the Associate Dean for Graduate Studies, after consultation with the department or center. Leaves will be considered only for current or future terms, and will not be granted retroactively. Milestone extensions for PhD students must be approved by the Graduate School and for Masters, EdD, Specialist and Certificate Students by the Associate Dean for Graduate Studies.
### Graduate Student Leave of Absence Request

**School of Education Indiana University Bloomington**

**Last Name** | **First Name** | **Student ID #**
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**Degree Program** | **Name of Fellowship or Student Academic Appointment** | **Yes** | **No**
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**Date leave is to begin** | **Type:**
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**This Leave is for the following qualifying reason:**
- □ a serious health condition requiring an absence of 3 weeks or more
- □ care of a child within 12 months of birth or adoption of a child
- □ care of a spouse, domestic partner, child or parent with a serious health condition when the student is the primary or co-primary caregiver and the absence is anticipated to continue for at least 3 weeks
- □ death of a spouse, domestic partner, child or parent

**Name/Relationship of relevant family member:**

**Note:** Same sex domestic partner and children of partnership coverage must be qualified by the University’s Affidavit of Domestic Partnership.

- □ Other/personal, please attach explanation

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All requests must be accompanied by a memo from the department chair/center director describing how job duties will be covered if the student is a Student Academic Appointee. If the student has multiple appointments, memos are required for all appointments.

**Requested accommodations:**
- □ Term extension of incompletes
- □ Grade of In complete for current coursework
- □ Absence from Student Academic Appointment duties
- □ Complete withdrawal from coursework
- □ Transfer of all current credits to research
- □ Other, please attach explanation

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A graduate student in the School of Education may request a leave of absence by submitting a Leave of Absence Request form to the Office of Graduate Studies. **Approval is subject to the following conditions and understandings:**

1. I have completed at least 1 full-time semester prior to the leave request.
2. This leave will not exceed the total allowable limit of 104 weeks in this program of study, including any prior or current approved leave.
3. The student and department understand that a leave does not apply retroactively.
4. The student and department understand that a leave does not automatically extend grades of incomplete.
5. The student and department understand that a leave does not automatically extend or circumvent milestones or other requirements determined by the School of Education or the University Graduate School.
6. The student and department understand that a leave preserves the curriculum and requirements designated in the School of Education Graduate Program Bulletin and the University Graduate School Bulletin at the time of the students leave in the event of change in curriculum or degree requirements while a student is on leave.
7. The student understands that a department may choose not to accept a course, thesis or doctoral requirement while he or she is on leave.
8. The student understands that depending on the length and timing of his or her leave, the leave may affect their funding, i.e. fellowship monies received, AI stipend, federal loan, etc., and will contact the Office of the Bursar or their funding source to discuss this matter.
9. The student understands that not returning to their academic program following the end of an approved leave without prior communication, forfeits any remaining commitments or agreements from the School, Department, or Center of ongoing financial support or special academic arrangements made in subsequent semesters.
10. The department understands that if a student is applying for and the department agrees to a paid leave department maintains financial responsibility for the student on leave and any temporary replacement.

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**Student Signature**

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**Faculty Advisor Name & Signature**

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**Department Chair/Center Director Signature (required for paid leave request)**

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**Associate Dean for Graduate Studies**

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Please submit completed and signed request along with medical certification to:

**Office of Graduate Studies ED 2100 201 N. Rose Ave Bloomington IN 47405**

**p.812.856.8504 f. 812.856.8505 e. educate@indiana.edu**
FOR GRADUATE OFFICE USE ONLY:

___ Leave conditionally approved pending receipt of medical certification (received w/in 15 days on _____)
___ Leave approved

With the following accommodations:
- ☐ Extension of incompletes and milestones
- ☐ Transfer of all current credits to research
- ☐ Change in SAA duties
- ☐ Grade of incomplete for current coursework
- ☐ Complete withdrawal from coursework
- ☐ Other (see attached)

Leave denied because Student:
- ☐ is not enrolled full-time in an Education Graduate program or is not in good academic standing
- ☐ has not been enrolled full-time in an Education Graduate program for 1 semester before/between leaves
- ☐ does not have a qualifying reason for leave
- ☐ has exhausted calendar year allotment
- ☐ is not eligible for paid-leave because the student does not hold an eligible Education appointment
- ☐ did not submit medical certification

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Office of Graduate Studies (signature of reviewer) Date

Date given to student: _____ Via: ___U.S. Mail ___E-mail ___Other (specify): ____________________________

Please submit completed and signed request along with medical certification to:
Office of Graduate Studies ED 2100 201 N. Rose Ave Bloomington IN 47405
p.812.856.8504 f. 812.856.8505 e. educate@indiana.edu