

**COLLEGE OF MUSIC**  
**PhD Program in Music: Music Education Concentration**  
**Leave of Absence Form**  
**FORM B**

**To: Department Chair**

**CC: Toulouse Graduate School**

**Student's Name**

**Student ID Number**

**has been approved for a leave of absence from the doctoral program for the following semester(s)**

**Reason:**

**Signatures:**

**PhD Student's Mentor**

**Date**

**PhD Coordinator**

**Date**

**Approved:**

**Department Chair**

**Date**