

## Leave of Absence Extension Request Form

A Leave of Absence may be extended for additional consecutive semesters (including summer term). A student should apply for the leave extension no later than four weeks prior to the end of the final semester/term of his or her initial leave to allow time to consider and process the request. Extension of a leave is subject to approval of the program, college and the Graduate School. The policy can be found at <http://policygradschool.ez.fsu.edu/students>

### Student Personal Information

Last Name	First Name	Middle Name
Empl ID #/ Student ID #	FSU Email Address	Phone Number
Degree Level	Program	
Address During Leave	City	State
		Zip Code

### Leave Timeframe

Initial Term(s) in which leave was requested:	<input type="checkbox"/> Fall_____	<input type="checkbox"/> Spring_____	<input type="checkbox"/> Summer_____
Additional Term(s) in which leave is requested:	<input type="checkbox"/> Fall_____	<input type="checkbox"/> Spring_____	<input type="checkbox"/> Summer_____
Term in which you plan to return to FSU:	<input type="checkbox"/> Fall_____	<input type="checkbox"/> Spring_____	<input type="checkbox"/> Summer_____

With this extension, does the cumulative number of consecutive leave semesters exceed six?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
With this extension, does the total consecutive leave time exceed 24 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this request for a leave extension submitted four weeks prior to the end of the final semester/term of your initial leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Explanation for Requesting an Extension

Attach additional pages/documentation if necessary.

My signature below indicates that I have read the Leave of Absence Policy and agree that I will not be utilizing University resources or campus facilities during my extended leave.

Student Signature	Date

**Approval:** (Print name and sign)

Major Professor/Advisor: _____	Date: _____	
Department Chair/Unit Head: _____	Date: _____	
Academic Dean: _____	Date: _____	
Dean of the Graduate School: _____	Date: _____	

\* If approved at all levels, the College Dean should notify the Registrar of the decision by forwarding the completed form.