

FSU | GRADUATE SCHOOL

Graduate Leave of Absence Extension Request Form

Use this form to request an extension to a graduate student leave of absence.

NOTE: Faculty are not permitted to work with a graduate student while they are on an approved leave of absence.

*For international graduate students, it is strongly recommended to first consult with the Center for Global Engagement to discuss how a potential leave of absence might affect immigration status.

INSTRUCTIONS:

- *A graduate student should apply for extension to a leave of absence no later than four weeks prior to the end of the final semester/term of the initial leave to allow time to consider and process the request.
- A detailed explanation must be provided from the student explaining the circumstances for the extension for a leave of absence request (see below). Appropriate documentation should be provided (if applicable).
- The Leave of Absence Extension Request Form must be approved and signed off by the graduate student's academic unit. Final approval rests with the Dean of the Graduate School (or designee). *The Academic Dean's Office must confirm that the graduate student is NOT enrolled in courses during the extended leave of absence period.
- Once the Graduate School has approved the Leave of Absence Extension Request Form, it will be sent to Registrar's Office for processing.

STUDENT INFORMATION:

Student's Full Name: _____

EMPL ID#: _____

Degree Level: Master's Doctoral Professional

Academic College: _____

Department/Unit (if applicable): _____

Degree Program Name: _____

Phone Number: _____

FSU Email: _____

Citizenship: _____

*If a Non-U.S. Citizen, please list your visa status: _____

LEAVE OF ABSENCE TIMEFRAME:

Initial Term(s) in which a leave of absence was requested:

Semester: _____ and Year: _____

Semester: _____ and Year: _____

Semester: _____ and Year: _____

Additional Term(s) in which a leave of absence is requested:

Semester: _____ and Year: _____

Semester: _____ and Year: _____

Semester: _____ and Year: _____

Term in which you plan to return to FSU:

Semester: _____ and Year: _____

With this extension, does the cumulative number of consecutive leave semesters exceed six?

Yes No

With this extension, does the total consecutive leave semesters time exceed twenty-four months?

Yes No

Was this request for a leave of absence extension submitted four weeks prior to the end of the final semester/term of your initial leave?

Yes No

RATIONALE FROM STUDENT FOR EXTENSION TO LEAVE OF ABSENCE:

The student must provide a detailed justification for requesting an extension to a leave of absence (attach additional pages if necessary).

*My signature below indicates that I have read the Leave of Absence Policy in the [Graduate Bulletin](#) and agree that I will not be utilizing any university resources or campus facilities during my leave and will not be working with faculty during such time.

Student Signature	Date
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APPROVAL OF GRADUATE LEAVE OF ABSENCE EXTENSION REQUEST:

The student's major professor/advisor and co-major professor (if applicable) and Department Chair/ Unit Head must first approve the leave of absence request. Final approval rests with the Dean of the Graduate School (or designee).

Major Professor/Advisor	Date
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Co-Major Professor (if applicable)	Date
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Department Chair/Unit Head	Date
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Academic Dean (or designee)	Date
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Please email the Leave of Absence Extension Request Form (PDF) to James Beck (jpbeck@fsu.edu) in The Graduate School.

See next page for final decision.

Graduate School Decision: Approved Not Supported/Denied

Graduate School Comments:

Dean of The Graduate School (or designee)

Date