

FSU | GRADUATE SCHOOL

Graduate Leave of Absence Registration Form

Use this form to request an initial 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 detailed explanation must be provided from the student explaining the circumstances for the leave of absence request (see below). Appropriate documentation should be provided (if applicable).
- The Leave of Absence Registration Form must be approved and signed off by the graduate student's academic unit. Final approval rests with the student's the Academic Dean's Office.
- Once the Academic Dean's Office has approved of the Leave of Absence Registration Form, it should be sent to Registrar's Office for processing AND James Beck in the Graduate School for record keeping. *The Academic Dean's Office must confirm that the graduate student is NOT enrolled in courses during the leave of absence period.
- A graduate student who is denied a request for leave of absence at any step may appeal the decision to the Dean of The Graduate School (or designee).

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:

*A leave of absence is not meant for one semester/term of non-enrollment. Please select all of the semesters/terms you will be on a leave of absence. The request should not exceed three consecutive semesters (including summer term).

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

Semester: _____ and Year: _____

Semester: _____ and Year: _____

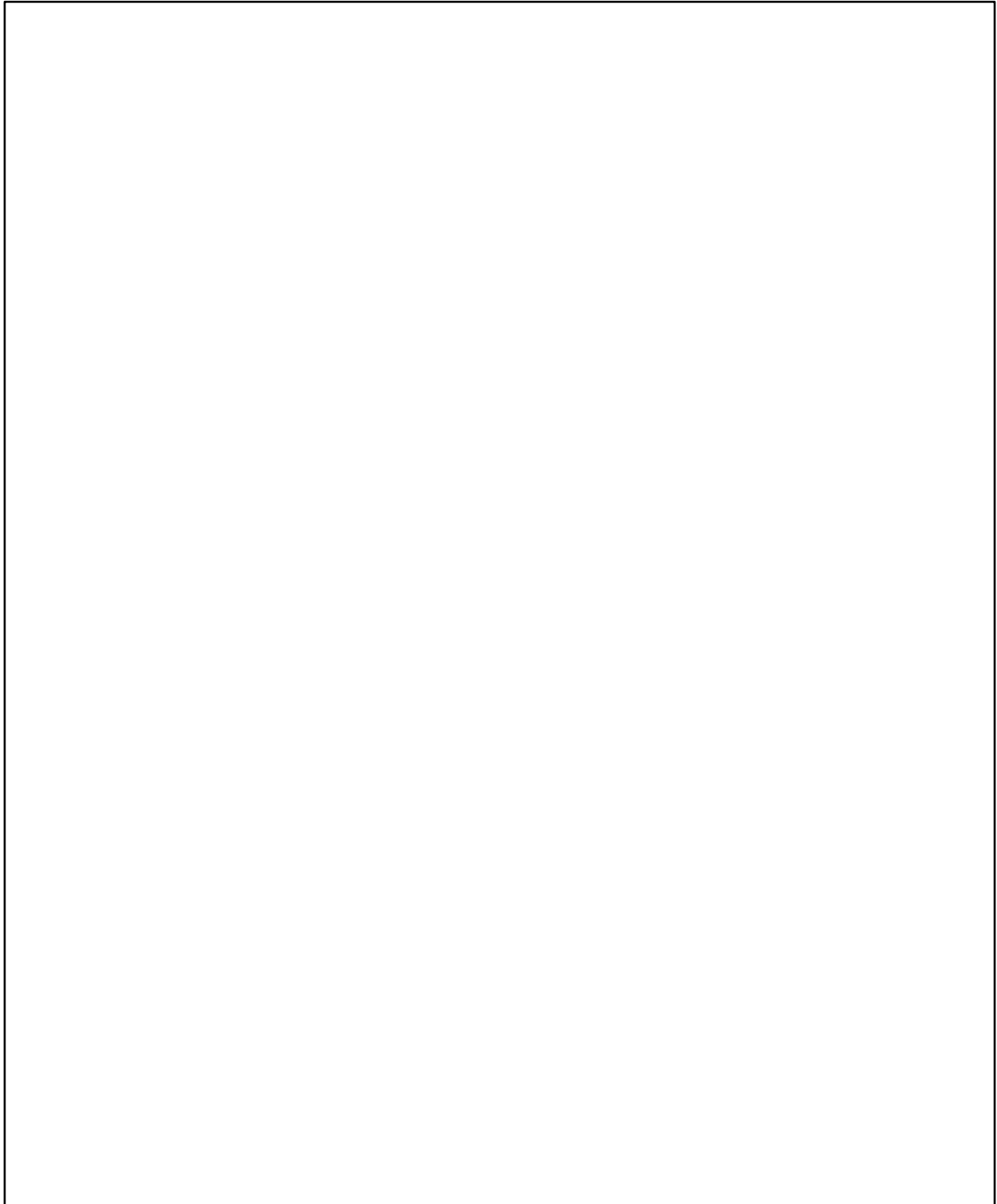
Semester: _____ and Year: _____

Term in which you plan to return to FSU:

Semester: _____ and Year: _____

RATIONALE FROM STUDENT FOR LEAVE OF ABSENCE:

The student must provide a detailed justification for the leave of absence request (attach additional pages if necessary).

A large, empty rectangular box with a thin black border, intended for the student to provide a detailed justification for their leave of absence request. The box occupies most of the lower half of the page.

*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 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 Academic Dean Office's (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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