

## Graduate Leave of Absence Request Form

Students must use this form when requesting a leave of absence as described in University policy **FPU-5.0106AP Graduate Leave of Absence**.

The student must complete this form and get it signed by representatives as indicated below under "Required Signatures." The student must submit the completed form to the Office of the University Registrar.

Student UID: \_\_\_\_\_ Email: \_\_\_\_\_@floridapoly.edu

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address While on Leave: \_\_\_\_\_  
Street City State Zip Code

Term and year the Leave of Absence will begin (check one):  Fall  Spring  Summer 20\_\_

Term and year you plan to return (check one):  Fall  Spring  Summer 20\_\_

Reason for requesting a Leave of Absence (check one):  Personal hardship  Family need  
 Other \_\_\_\_\_

Describe Circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Required Signatures

Academic Program Coordinator: Leave is  Approved  Denied \_\_\_\_\_  
Signature Date

Provost/Designee: Leave is  Approved  Denied \_\_\_\_\_  
Signature Date

Financial Aid Office (if receiving financial aid): \_\_\_\_\_  
Signature Date

International Student Office (if international student): \_\_\_\_\_  
Signature Date

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office of University Registrar to Complete:

Completed form received on: \_\_\_\_\_ by: \_\_\_\_\_

Processed in CAMS on: \_\_\_\_\_ by: \_\_\_\_\_

Approved or  Denied Date notice of approval or denial sent to the student's University email account: \_\_\_\_/\_\_\_\_/\_\_\_\_