UNIVERSITY REGISTRAR

FLORIDA POLYTECHNIC UNIVERSITY

Graduate Leave of Absence Request Form

Students must complete this form when requesting a leave of absence as described in University policy **FPU-5.0106AP Graduate Leave of Absence.** Obtain required signatures as indicated below under "Required Signatures" and submit completed form to the Office of the University Registrar.

LAST: _____ FIRST: _____ MI: _____

STUDENT UID: _____ EMAIL: _____@floridapoly.edu

Address While on Leave: _____
Street   City   State   Zip

Step 1: Complete Required Data

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:_____

_____

Step 2: Required Signatures

Department Chair: Leave is: □ Approved   □ Denied _____ _____
                                                          Signature   Date

Provost/Designee: Leave is: □ Approved   □ Denied _____ _____
                                                          Signature   Date

Financial Aid Office Reviewed (if receiving financial aid): _____ _____
                                                          Signature   Date

International Student Office Reviewed (if international student): _____ _____
                                                          Signature   Date

Student Signature: _____   **Date:** _____

Return to the Office of the Registrar | IST Building room 2052 | 863-874-8540 | registrar@floridapoly.edu