

## 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 Number: \_\_\_\_\_ University email: \_\_\_\_\_@flpoly.org

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 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

Faculty Advisor: 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: \_\_\_\_/\_\_\_\_/\_\_\_\_