

# Leave of Absence Request

SFSU GRADUATE DIVISION

This is an interactive form. Please fill it out on your computer. Different sections will appear depending on which options you choose.

Return to: **Graduate Studies, ADM 250. The Division of Graduate Studies will then forward your request to the Registrar.**

Name (Last, First)			University ID #		
Degree Objective		Major	ATC approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email			Phone		

I request a Leave of Absence for the following term(s):

Fall 

Year	
------	--

 Spring 

Year	
------	--

Primary Reason for the Leave:

Planned Educational Leave      For Planned Educational Leave, attach plan of study showing relationship with degree focus.  
 Health-Related Leave         For Health-Related Leave, attach verification from healthcare provider.  
 Other                                     Indicate Reason(s) 

--

**Academic Standing: You must be in good academic standing to request a Leave of Absence.**

Overall GPA:		Semester GPA:		Outstanding INCs:		Date(s) Due:	
--------------	--	---------------	--	-------------------	--	--------------	--

Please Briefly Explain The Reason(s) You Are Requesting *Leave Of Absence*:

--

Please Indicate the Contact Address Where You Will Be During Your Leave. Include all required mailing codes:

--

Student Signature:

*I certify that the above and attached information is true and correct. I understand that a false statement or misrepresentation on this form may result in the referral to a Student Conduct Office.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Obtain the Following Approval Signatures:

	Typed Name	Signature	Date
<b>Graduate Coordinator</b> <i>This student is recommended for a Leave of Absence.</i>			
<b>Department Chair</b>			

For Graduate Division	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Graduate Dean's Signature		Date	
-----------------------	--	---------------------------	--	------	--

For Registrar or Designee	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Registrar Signature		Date	
---------------------------	--	---------------------	--	------	--