

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		
Address						

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:	<input type="text"/>	Semester GPA:	<input type="text"/>	Outstanding INCs:	<input type="text"/>	Date(s) Due:	<input type="text"/>
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Please Briefly Explain The Reason(s) You Are Requesting *Leave Of Absence*:

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
Graduate Coordinator <i>This student is recommended for a Leave of Absence.</i>			
Department Chair			

For Graduate Division	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Graduate Dean's Signature	<input type="text"/>	Date	<input type="text"/>
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For Registrar or Designee	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Registrar Signature	<input type="text"/>	Date	<input type="text"/>
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