

FAYETTEVILLE STATE UNIVERSITY GRADUATE PROGRAMS Request for Leave of Absence

Note: A student in good academic standing, who must interrupt his or her graduate program for good reasons, may request a leave of absence from graduate study for a definite period not to exceed one year. The request must be made with the Request for Leave of Absence form no later than the end of the late registration period of the semester in which the leave of absence is to apply. Upon the approval of the student's department chair/ associate dean, and college dean, the student will not be required to register during the leave of absence. The time that a student spends on an approved leave of absence will be included in the time allowed to complete the degree or graduate certificate (i.e., six years for the master's degree and graduate certificate; eight years for the doctoral degree). If a student does not return within the period of time stipulated in the approved leave of absence, the student must reapply to the University and the said program.

Full Name	Banner ID#		
FSU Email Address Address Program(s) Period of leave requested:	Date Entered Have you received a previous leave? No Yes → How many?		
		(attende of distance)	sheets as necessary)
		(anach daantohal s	sneets as necessary)
Section II—to be completed by the program: you support this request, please describe any program requirement	Please indicate why you support or do not support this request. It ents which the student must meet to resume enrollment.		
(attach additional	sheets as necessary)		
(
Request approved:	Not approved:		
Department Chair/Associate Dean (Sign and Date)	Department Chair/Associate Dean (Sign and Date)		
equest approved:	Not approved:		
College Dean (Sign, Date, and Upload in Xtender)	College Dean (Sign, Date, and Upload in Xtender)		

CC: Student; Department Chair/Associate Dean; Registrar's Office; Graduate Council Chair