



LEAVE OF ABSENCE REQUEST FORM

Students are expected to coordinate with their Dissertation Chair, if applicable, before submitting a Leave of Absence Request. Students must submit this form at least TWO weeks prior to the beginning of the term. Please refer to the Academic Calendar for dates.

Student Name: _____ Phone Number: _____
 NSU ID #: N _____ NSU E-Mail: _____@nova.edu
 Program: _____

**Students may use this form to request a leave of absence up to one academic year.
 Additional leave time must be requested separately.**

<p>Please clearly mark the term(s) during which you chose to be on leave:</p> <p><input type="checkbox"/> Fall 20____</p> <p><input type="checkbox"/> Winter 20____</p> <p><input type="checkbox"/> Summer 20____</p>	<p><u>Leave Categories</u></p> <p>Please check one of the following reasons:</p>		
<p><input type="checkbox"/> Academic Research</p> <p><input type="checkbox"/> Maternity</p>	<p><input type="checkbox"/> Family Obligations</p> <p><input type="checkbox"/> Hospitalization</p>	<p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Work</p> <p><input type="checkbox"/> Other</p>	

Please briefly outline your reasons for requesting a leave of absence. Attach additional pages and supporting documents if needed: _____

Please note that a leave of absence does NOT extend the time you have to complete incomplete grades, probation, or your degree. Students are required to contact the Program Office when returning from a leave.

Student Signature

Date

Program Director Signature

Date