



## Special Leave of Absence Form

Students requesting a Special Leave of Absence must complete a Special Leave of Absence Form no later than the end of the first semester of absence and submit it to their Graduate Program for approval. This form should be submitted by your program to the College of Graduate Studies office.

Family or Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Graduate Program \_\_\_\_\_ Personal ID (PID) \_\_\_\_\_

International students—indicate your visa type \_\_\_\_\_

International students must also gain approval (and a signature below) from their ISC immigration adviser.

### Current Mailing Address

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Address While on Leave

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Special Leave of Absence (Check reason and terms below and include supporting documentation)

NOTE: The College of Graduate Studies will not consider special leave of absence requests without supporting documentation.

#### Terms Requested

Fall \_\_\_\_\_(year)     Fall \_\_\_\_\_(year)

Spring \_\_\_\_\_(year)     Spring \_\_\_\_\_(year)

Summer \_\_\_\_\_(year)     Summer \_\_\_\_\_(year)

#### Reason

Medical                       Employment issues

Financial difficulty     Other \_\_\_\_\_

What term and year do you plan to return to UCF?     Fall     Spring     Summer    **Year** \_\_\_\_\_

### Signatures

I have read and understand the UCF Special Leave of Absence, Continuous Attendance, and Time Limitation for Degree Completion policies in the current Graduate Catalog.

Signature below indicates that no university resources will be used during the requested leave and compliance with all other provisions of the Continuous Attendance Policy will be fully met upon approval of the leave.

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

Approved     Denied    **Graduate Program Director** \_\_\_\_\_ Date \_\_\_\_\_

Approved     Denied    **College of Graduate Studies** \_\_\_\_\_ Date \_\_\_\_\_

Approved     Denied    **ISC Immigration Adviser** (if F or J visa holder) \_\_\_\_\_ Date \_\_\_\_\_