



Leave of Absence Request Instructions for Completion & Submission

GRADUATE SCHOOL

4202 East Fowler Ave, BEH304
Tampa, FL 33620
TEL: (813) 974-2846
<http://www.grad.usf.edu/>



Please read all instructions prior to form submission!
Please complete all sections.
Incomplete forms will be returned and will delay processing!



PURPOSE

A documented Leave of Absence is necessary to suspend the time limit requirement for the period of the leave. This form should be filled out for *any* semester(s) that a student will not be able to register, and should be submitted *at least* one semester *prior to* the first semester of the requested leave.

All "I" or "M" grades must be cleared prior to Leave of Absence approval. No Exceptions.

COMPLETING LEAVE OF ABSENCE REQUEST

Please fill form in electronically.

PART 1. STUDENT INFORMATION

- **Name:** Input last name first, then first name and middle initial (*if applicable*).
- **USF ID#:** Input your new USF ID#, digits only, after the "U" (*DO NOT put in your Social Security Number*).
- **Address:** Input your current mailing address. If this is different from what is on file in the Registrar's Office, please contact them to update your file.
- **Telephone Number:** Input your telephone number. Make sure this is one that we can reach you at easily or leave a message if there are any problems/questions about your form.
- **Email Address:** Input your email address. Please make sure this is one that you check regularly so that you are aware of any information electronically sent out in a timely manner.
- **Degree:** Input your degree (*i.e. M.A., M.S.P.H., Ph.D., etc.*).
- **Degree Level:** Choose your correct degree level from the drop down box to indicate if your degree is a Master's – Non-Thesis, a Master's – Thesis, or a Doctoral – Dissertation level.
- **International "F1" Student:** Choose YES or NO (*if your answer is YES, you must get approval for a Leave of Absence from ISSS before submitting this request to the Graduate School. ISSS is located in Cooper Hall, Room 469*).
- **Program/Department:** Input your Program/Department name (*i.e. Biology, Public Health, Elementary Education, etc.*).
- **College:** Select from the list (AR, AS, BA, ED, EN, GS, ME, MS, NU, PH, VPA).

PART 2. LEAVE OF ABSENCE PERIOD

- **Beginning Academic Semester:** List the first semester – and year – in which you wish to begin your leave of absence. Attach your letter of request. LOA may be granted for up to two years.
- **Returning Academic Semester:** List the semester in which you will return to your studies and register for classes.

Instructions for returning to USF and registering for classes:

1. E-mail the Registrar's Office at AskTheRegistrar@admin.usf.edu no less than two months prior to your returning semester. In the e-mail:
 - Indicate that you have been on an *approved leave of absence and you would like to be reactivated*. Note your name and USF ID# (DO NOT use your Social Security Number).
 - Indicate the semester you would like to return *and* request a registration appointment time.
2. Check OASIS for your registration appointment time and register for class when applicable.

DOCTORAL STUDENTS NOTE: *If you are a doctoral candidate and your leave of absence has been 3 semesters or more, you must submit a **RE-Admission to Candidacy Form** for processing and approval through the Graduate School or you will not be able to register for dissertation hours (this form must be signed by your Major Professor, Department, and College prior to forwarding to the Graduate School. See <http://www.grad.usf.edu> and click on "Forms."). The RE-Admission to Candidacy should be submitted as soon as possible once the registration appointment time has been granted.*

- **Student Signature:** You must sign and date this form in order for it to be processed.
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PART 3. APPROVALS

- **Printed Name/Signature:** Input the appropriate name on the left and obtain the signatures of the faculty members listed (signature must be an original copy from the person listed).
- **Date:** Ensure that a date of approval has also been provided by the signators.
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PART 4. SUBMISSION INFORMATION/REGISTRAR'S OFFICE

- **Timeline for Submission:** Leave of Absence Requests should be submitted no later than the semester *prior to* the requested leave. In the event that this is not possible, the request should be submitted *as soon as* the student is aware that he/she will not be able to register for any given semester.
- **Procedure for Submission:** Fill out online form, secure appropriate signatures through College Dean/Associate Dean level, and submit to the Graduate School only *one original signed form* with:
- Student's letter of request
 - Supporting letters (if applicable)
- **Routing/Approvals:** Once approved by the Graduate School, the original form will be forwarded to the Office of the Registrar and three copies will be forwarded to each applicable college (one for the college, one for each respective program/department and one for the student).
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PART 1. STUDENT INFORMATION

STUDENT INFO

Last Name		First Name	M	U	USF ID#
Address				Telephone #	
City	State	Zip	E-mail address		
Degree (i.e. M.A.)	Degree Level (i.e. Master's-Non Thesis)		International "F1" Student?		
			YES	NO	
Program/Department (i.e. Civil Eng. - Civil & Env. Eng.)				USF College	

PART 2. LEAVE OF ABSENCE PERIOD (maximum time limit 2 academic years)

LEAVE OF ABSENCE PERIOD

Beginning Academic Semester: (first semester of leave, attach letter of request)	_____	_____
	Semester	Year
Returning Academic Semester: (you must register for classes in this semester) (Doctoral Candidates - submit a Re-Admission to Candidacy, if appropriate, for approval before registration)	_____	_____
	Semester	Year
Student Signature	_____	Date

PART 3. APPROVALS

SIGNATURE APPROVALS

Name	Signature	(all signatures must be originals)
ISSS Approval (if applicable)	_____	Date
Major Professor	_____	Date
Co-Major Professor (if applicable)	_____	Date
Department Chair/Director	_____	Date
College Dean	_____	Date
Dean of the Graduate School	_____	Date

PART 4. REGISTRAR'S OFFICE

Entered into the General Student Record:	_____	_____
	Registrar's Signature	Date

Original: To Registrar	Copied to: <input type="checkbox"/> College	<input type="checkbox"/> Program	<input type="checkbox"/> Grad School	<input type="checkbox"/> Editor (if applicable)	<input type="checkbox"/> Student
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