



Graduate Leave of Absence Request

OFFICE OF GRADUATE STUDIES

4202 East Fowler Avenue, ALN 226 | Tampa, FL 33620-5816

TEL: (813) 974-2846 | WEB: <http://www.grad.usf.edu/>

INSTRUCTIONS FOR COMPLETION & SUBMISSION

This form should be filled in electronically and printed. The printed hardcopy should then be submitted for signatures.

Please read all instructions prior to form submission. Complete all sections.

Incomplete forms will be returned to the student unprocessed and will delay action on your request.

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.

PART I: 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 Office of Graduate Studies. ISSS is located in Center for Global Solutions, Room 104).
- **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 II: 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. Students requiring less than three (3) consecutive terms of absence do not need an approved LOA if they meet the continuous enrollment requirement.
- **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. Email the Registrar’s Office (asktheregistrar@admin.usf.edu) no less than two months prior to your returning semester. In the email:
 - Indicate that you’ve been on an approved leave of absence and you would like to be reactivated. Include your name and USF ID# (do not use your Social Security number.).
 - Indicate the semester that you would like to return and request a registration appointment.
 2. Check OASIS for your registration appointment time and register for classes when applicable.
- **Student Signature:** You must sign and date this form in order for it to be processed.

Doctoral Students: 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 Office of Graduate Studies 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 Office of Graduate Studies. 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.

PART III: APPROVALS

- **Printed Name/Signature:** Input the appropriate name on the left and obtain the signatures of the faculty members listed. (Signatures must be an original – not a copy)
- **Date:** Ensure that a date of approval has also been provided by the signators.

PART IV: 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 Office of Graduate Studies only *one original signed form* with:
 - Student's letter of request
 - Supporting letters (if applicable)
- **Routing/Approvals:** Once approved by the Office of Graduate Studies, the form is sent to the Registrar's Office for processing and the form is stored in BDMS.



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International Student? Yes No
F-1 students, please see instruction page.
 ISSS Advisor approval: Yes No
 ISSS Advisor Signature: _____

PART I: STUDENT INFORMATION (Student)

Last Name		First Name		M.I.	USF ID #
Street Address			City	State	Zip Code
Email Address		<input type="checkbox"/> Masters - Non-Thesis <input type="checkbox"/> Masters - Thesis <input type="checkbox"/> Doctoral		Telephone Contact	
Degree (i.e. MA)		Degree Level		<input type="checkbox"/> Pre-Candidacy (6D) <input type="checkbox"/> In Candidacy (6C) For Doctoral Only	
Program/Department (i.e. Civil Engineering – Civil & Environmental Engineering)				USF College	

PART II: LEAVE OF ABSENCE PERIOD (Maximum time limit – 2 academic years)

Beginning Academic Semester: Spring Fall Summer
 (first semester of leave, attach letter of request) Semester Year

Returning Academic Semester: Spring Fall Summer
 (You must register for classes in this semester) Semester Year

Doctoral Candidates – submit a Re-Admission to Candidacy, if appropriate, for approval before registration

X _____ Date

PART III: APPROVALS

	Name	Signature (must be original)	Date
<input type="checkbox"/> Approve	_____	_____	_____
<input type="checkbox"/> Deny	Major Professor	_____	Date
<input type="checkbox"/> Approve	_____	_____	_____
<input type="checkbox"/> Deny	Co-Major Professor (if applicable)	_____	Date
<input type="checkbox"/> Approve	_____	_____	_____
<input type="checkbox"/> Deny	Department Chair/Director	_____	Date
<input type="checkbox"/> Approve	_____	_____	_____
<input type="checkbox"/> Deny	College Dean/Designee	_____	Date
<input type="checkbox"/> Approve	_____	_____	_____
<input type="checkbox"/> Deny	Assistant Dean/Designee, Office of Graduate Studies	_____	Date

PART IV: OFFICE OF THE REGISTRAR

Entered into the General Student Record: _____ Date

Registrar's Signature