

FAYETTEVILLE STATE UNIVERSITY
GRADUATE SCHOOL
REQUEST FOR LEAVE OF ABSENCE

Note: A student in good academic standing, who must interrupt his or her graduate program for good reasons, should 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 stipulated in the approved leave of absence, the student must reapply to the University and the said program.

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| Section I—to be completed by the student and emailed from the student's FSU email address: | |
| Full Name _____ | Banner ID# _____ |
| FSU Email Address _____ | Date Requested _____ |
| Address _____ | Date Entered _____ |
| Program(s) _____ | Have you received a previous leave? |
| Period of leave requested: _____ through _____ | <input type="checkbox"/> No |
| (month/year) (month/year) | <input type="checkbox"/> Yes → How many? _____ |
| Explain the need for a leave of absence from graduate study. | |
| <i>(Attach additional sheets as necessary.)</i> | |
| Section II—to be completed by the program: Please indicate why you support or do not support this request. If you support this request, please describe any program requirements which the student must meet to resume enrollment. | |
| <i>(Attach additional sheets as necessary.)</i> | |

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| Request approved: _____ <i>Department Chair/Associate Dean</i> (Sign and Date) | Not approved: _____ <i>Department Chair/Associate Dean</i> (Sign and Date) |
| Request approved: _____ <i>College Dean</i> (Sign, Date, and Upload in Xtender) | Not approved: _____ <i>College Dean</i> (Sign, Date, and Upload in Xtender) |

cc: Student; Department Chair/Associate Dean; Registrar's Office; Graduate School Director

Approved by the SACSCOC Liaison July 6, 2021