Leaves of Absence Information for Graduate or PBTL Students

General Information
A Leave of Absence is required for either the Fall or Spring semester of the Academic Year (Summer terms are excluded except for MBA, MCO, and MSN programs) for which the student does not choose to enroll in classes.

Leaves will not be granted for more than one semester at a time. An extension of the Leave of Absence may be requested but must occur prior to the start of the semester in question. A Leave of Absence may not be taken for two (2) consecutive semesters (for MBA, MCO, and MSN programs, summer terms are required).

A student may request up to four (4) Leaves of Absence (LOA). The policy regarding Time Limits for program completion is not affected by an Approved Leave of Absence.

Leaves of Absence are available for consideration only to continuing Graduate students in good standing (minimum 3.00 GPA).

Leaves of Absence are available for consideration only to continuing PBTL students in good standing (minimum 2.80 GPA).

Students should consult with their program coordinator to determine if the leave of absence is appropriate. The Dean of Graduate Studies makes the final decision to approve or deny a request for a Leave of Absence.

Registration information will be sent to the FSU email account and personal email account on file prior to the start of the next registration period and approximately two weeks prior to the term the student is scheduled to return.

In order to remain active in the program before the Leave expires, the student must enroll in courses for the upcoming semester. Should the student not register once the Leave expires, the student will become Inactive at the University and will need to apply for Re-admission in order to resume his/her program of study.

Timeline
Leave of Absence request must be submitted no later than two (2) weeks prior to the fall or spring semester for which follows the Leave of Absence semester.
**Leave of Absence Request**

Name: ___________________________  FSU ID #: _______________  Date of Birth: _______________

Street: ___________________________  Department: ___________________________

City: ___________________________  State: ____________  Program: ___________________________

Province: _______________________  Country: ___________________________

Zip: ___________________________  Phone: ___________________________

FSU Email: ______________________  Personal Email: _________________________

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Have you ever been on a Leave of Absence?  Yes ☐  No ☐  If yes, last semester of leave: _______________________

I request a Leave of Absence from  Fall 20____  Spring 20____  Summer 20____ (only if in MBA, MCO, or MSN program)

**My reason(s) for the Leave are:**

☐ Family Obligations  ☐ Financial  ☐ Military  ☐ Required Course Not Offered

(Family Obligations and Financial leaves are not valid for students on F or J visas unless leaving the U.S.)

☐ Medical: ___________________________

(please explain)

☐ Other: ___________________________

(if the reason for your leave does not fall into the categories listed, please note that it may not be allowed under University policy)

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Students on F or J visas, please indicate (below) where you will be during your leave. If remaining in the U.S. please provide full detail including address.

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Per U.S. government regulations, you may not remain in the U.S. if you wish to go on leave for financial or family reasons, or for a medical reason other than your own.

1) Are you a United States Citizen?  Yes ☐  No ☐

2) If you are not a United States citizen, are you a U.S. Permanent Resident?  Yes ☐  No ☐

If you answered yes to 2, please provide your Alien Registration Number ___________________________________________

If you answered no to 2, please note Non-immigrant international students are required to discuss with the Director of International Education (in the McCarthy Center, Room 518) the implications of Leaves of Absence on their visa status.

Visa discussion completed: ___________________________  Signature of Director of International Education  Date: ___________________________

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I have read the Leave of Absence Policy and agree to abide by the terms.

Student Signature: ___________________________  Date: ___________________________

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Submit completed form to:  The Offices of Graduate and Continuing Education, Dwight Hall, Room 204

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**Office Use Only:**

Approved ☐  Denied ☐  ___________________________  Date: ___________________________

Signature of Dean, Graduate and Continuing Education

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