

STETSON UNIVERSITY

Graduate Programs Student Leave Request

Name: _____ ID#: _____

Local Address: _____

Phone #: _____

Degree Program: _____ College/School: _____

Beginning Term of Leave (Semester & Year): _____

Returning Term (Semester & Year): _____

Reason for request:

Location where I can be reached during my Leave of Absence:

Address: _____

Phone #: _____

Email: _____

I understand that I can only be on an Official Leave of Absence for up to one calendar year. In the event I cannot return in the term outlined above, I understand I will have to complete a re-entry process with the Office of Graduate Admissions.

Student Signature: _____

Advisor Signature: _____

Program Director or Department Chair Signature: _____