



## Special Leave of Absence Form

Students requesting a Special Leave of Absence must complete this form no later than the end of the add/drop period of the third semester of absence, to request a maximum of 6 consecutive semesters of absence. Submit this form to your Graduate Program for approval, and the form will be submitted by your program to the College of Graduate Studies office.

Students that have entered into the thesis or dissertation phase of their program must be continuously enrolled. This form must be submitted if enrollment is interrupted for any length of time. Submission and approval must be prior to the start of the term for which the student will not be enrolled.

NOTE: Please send form to gradservices@ucf.edu. The College of Graduate Studies will not consider special leave of absence requests without supporting documentation.

Family or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ UCFID: \_\_\_\_\_

International Students - Indicate Your Visa Type: \_\_\_\_\_

International students must also gain approval (and a signature below) from their ISC immigration adviser.

### Current Mailing Address

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Knights Email Address: \_\_\_\_\_

### Address While on Leave

Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Special Leave of Absence (Check reason and terms below and include supporting documentation)

#### Terms Requested

- Fall \_\_\_\_\_(year)     Fall \_\_\_\_\_(year)  
 Spring \_\_\_\_\_(year)     Spring \_\_\_\_\_(year)  
 Summer \_\_\_\_\_(year)     Summer \_\_\_\_\_(year)

#### Reason

- Medical                       Employment issues  
 Financial difficulty     Other \_\_\_\_\_

What term and year do you plan to return to UCF?     Fall     Spring     Summer    Year: \_\_\_\_\_

Are you currently funded by a fellowship or assistantship?     Yes     No

### Signatures

I have read and understand the UCF Special Leave of Absence, Continuous Attendance, and Time Limitation for Degree Completion policies in the current Graduate Catalog.

Signature below indicates that no university resources will be used during the requested leave and compliance with all other provisions of the Continuous Attendance Policy will be fully met upon approval of the leave.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied    Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied    College of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Denied    ISC Immigration Adviser (if F or J visa holder): \_\_\_\_\_ Date: \_\_\_\_\_