



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.

Last Name: _____ First Name: _____

Graduate Program: _____ UCFID: _____

International Students - Indiate 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: _____ Knights 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:** _____

Graduate Program Director: _____ **Date:** _____

Approved Denied

College of Graduate Studies: _____ **Date:** _____

Approved Denied

ISC Immigration Adviser (if F or J visa holder): _____ **Date:** _____

Approved Denied