PART II: LEAVE OF ABSENCE PERIOD

Beginning Academic Semesterist the first semester and year in which you wish to begin your leave of absence. Attach your letter of request. LOA may be granted for up to two yearsdents requiring less than three (3) consecutive semesters of absencedo not need an approved LOA if they meet the continuous enrollment requirement (6 graduate credit hours or more over the three semesters prior to the semester that the requested LOA would commence). Returning Academic Semesterist the semester in which years of the semester in years of the years

GRADUATE LEAVE OF ABSENCE REQUEST FORM UNIVERSITY OF SOUTH FLORIDA OFFICE OF GRADUATE STUDIES

Website:www.usf.edu/graduatestudies/aboutus/contactus.aspx

SECTION I: STUDENT INFORMATION								
Last Name	First Name			USF ID#				
Street Address	City			State	Zip Code			
Email		PhoneNumber						
	Master's -	- Non-Thesis - Thesis	☐ Ed.S.					