



NOVA SOUTHEASTERN UNIVERSITY

College of Arts, Humanities, and Social Sciences

LEAVE OF ABSENCE REQUEST FORM

Due TWO weeks prior to the beginning of term, please refer to the Academic Calendar for dates.

Student Name: _____ Student Contact #: _____

NSU ID #: N _____ NSU Email: _____ @nova.edu

Department: _____

You may use this form to request a leave of absence up to one academic year. Additional leave time must be requested separately.

Please clearly mark the trimester(s) during which you choose to be on leave:

Fall 20____

Winter 20____

Summer 20____

Please briefly outline your reasons for requesting a leave of absence. Attach additional pages and supporting documents if needed.

Note: A leave of absence does **NOT** extend the time you have to complete incomplete grades, probation, or your degree.
Student is required to contact the Program Coordinator in writing when returning from a leave.

Student Name (please print) _____

Student Signature _____ Date _____

Program Chair/Director Signature _____ Date _____