

LEAVE OF ABSENCE REQUEST FORM

Students are expected to coordinate with their Dissertation Chair, if applicable, before submitting a Leave of Absence Request. Students must submit this form at least **TWO** weeks prior to the beginning of the term. Please refer to the Academic Calendar for dates.

Student Name: _____ Best Contact #: _____

NSU ID#: _____ Non-NSU Email: _____

Program (✓):

- | | |
|---|--|
| <input type="checkbox"/> Ph.D. in Information Systems (DISS) | <input type="checkbox"/> Ph.D. in Computer Information Systems (DCIS) |
| <input type="checkbox"/> Ph.D. in Computer Science (CISD) | <input type="checkbox"/> Ph.D. in Computing Technology in Education (DCTE) |
| <input type="checkbox"/> Ph.D. in Information Assurance (DIA) | |

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

Clearly mark the term(s) in which you will be on Leave:	Leave Categories Check one of the following reasons:		
<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Personal/Financial	<input type="checkbox"/> Family Obligations	<input type="checkbox"/> Illness
<input type="checkbox"/> Winter 20__	<input type="checkbox"/> Maternity	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Work
<input type="checkbox"/> Summer 20__			

Briefly outline your reasons for requesting a leave of absence below: _____

Please note that a leave of absence does NOT extend the time you have to complete incomplete grades, probation, or your degree. Students are required to contact the Program Office when returning from a leave.

To submit this form, please Fax and/or Email to (954) 262-3915 or cecprog@nova.edu

Student Signature

Date

Department Chair Signature

Date