



**REQUEST FOR LEAVE
OF ABSENCE**

(AA-07/24)

Student Name: _____ Date Submitted: _____

Student GSU ID#: _____ Contact Number: _____ Cell Home

Email where we can reach you: _____

I am an Undergraduate Student a Graduate Student

I am requesting a Short-Term (10 days or less) Long-Term (11-20 days) leave of absence.

Term: _____ From Date: _____ Return Date: _____

Are you currently attending/participating in your classes Yes No If no, please provide reason and last date you attended class or submitted coursework. Date: _____ Reason: _____

Reason for leave of absence (may attach a personal statement and/or documentation): _____

International Student: Yes No If yes, Director signature: _____

Receiving Veteran Benefits: Yes No If yes, Coordinator signature: _____

Athlete Student: Yes No If yes, Coach's signature: _____

By signing this form, I am confirming that I have read and understand the Leave of Absence Policy in the Academic Catalog and that the information I have provided concerning my request is true and accurate.

Student: _____ Date: _____

Advisor: _____ Date: _____

Graduate Program Coordinator: _____ Date: _____

Course	Signature	Date	Support	Don't Support
Instructor #1: _____	_____	_____	<input type="radio"/>	<input type="radio"/>
Instructor #2: _____	_____	_____	<input type="radio"/>	<input type="radio"/>
Instructor #3: _____	_____	_____	<input type="radio"/>	<input type="radio"/>
Instructor #4: _____	_____	_____	<input type="radio"/>	<input type="radio"/>
Instructor #5: _____	_____	_____	<input type="radio"/>	<input type="radio"/>

If you are taking courses from more than 5 instructors, please also use the back of this form.

Provost Signature: _____ Date: _____ Approve Deny