

## 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 (✓):

- Ph.D. in Information Systems (DISS)
- Ph.D. in Computer Science (CISD)
- Ph.D. in Information Assurance (DIA)
- Ph.D. in Computer Information Systems (DCIS)
- Ph.D. in Computing Technology in Education (DCTE)
- 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"/> Academic Research	<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 or 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 email to [cecadvising@nova.edu](mailto:cecadvising@nova.edu) .

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date