College of Computing and Engineering
NOVA SOUTHEASTERN UNIVERSITY

NSU Florida

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   ☑ Ph.D. in Cybersecurity Management

    ☑ Ph.D in Computer Science

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:		
☐ Fall 20____	☐ Academic Research	☐ Family Obligations	☐ Illness
☐ Winter 20____	☐ Maternity	☐ Hospitalization	☐ Work
☐ 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 email to cecadvising@nova.edu .

_____   _____

Student Signature   **Date**

_____   _____

Program Director Signature   **Date**