

Department of Speech-Language Pathology

LEAVE OF ABSENCE REQUEST FORM

BS-SLCD • MS-SLP • SLPD

Student Name: _____ Phone #: _____

NSU ID#: N _____ SharkMail: _____

This form is to be used to request a leave of absence for up to one (1) academic year.

Clearly mark the term(s) for which you are requesting a leave of absence.

Fall 20_____

Winter 20_____

Summer 20_____

Briefly describe the rationale for requesting a leave of absence. Attach supporting documentation.

Note: A leave of absence does NOT extend time a student has to complete a grade of incomplete. The student must contact the Program Director in writing prior to returning to MS-SLP from a leave.

Student's Name (print)

Student's Signature

Date

Program Director's Signature

Date

Dean's Signature

Date