Name of student____________________________________________________  UF ID#_______________________

INTERUPTION OF GRADUATE STUDY

A student who will not be registered at the University of Florida for a period of more than one semester must request written permission from his or her faculty adviser for a leave of absence for a designated period of time. If a student does not register for only one term, he or she need only contact the Registrar's Office to be assigned an appointment date for registration for the next semester. If a student does not register for 2 or more consecutive terms, then he or she must fill out a Readmission Application form (blue, two-sided), available in S222 Criser, to be placed into the system again. If a student does not register for 7 or more years, then he or she must reapply using the Admissions form for consideration by the prospective department. The department will need to petition credits to be counted that are more than 7 years old. Students should keep in mind that the master's and specialist's degrees must be awarded within 7 years from the date of matriculation as a graduate student or credit is lost toward the degree requirements.

A doctoral student must graduate five years after the oral qualifying examination or he or she must re-qualify and submit a new Admission to Candidacy form to 288 Grinter Hall for processing. Students wishing to return within the established time limitations should contact the graduate coordinator of the appropriate department to initiate reentry procedures. Non thesis students should register for course work that will count toward the degree requirements. Students returning to campus for the final term to defend their research work should register for 6971 or 7980. If this is to be handled by mail registration, contact the Registrar's office at (352) 392-1374, ext. 2-7237, for further information.

I am requesting a leave of absence from ______________________to __________________________200___

By signing I have read and understand the above policy:

Faculty advisor:________________________________Department_________________________Date_______________

Student Signiture:_____________________________________________________________________Date________________

When this form is completed, return it to the WEC student service office for processing.

CC: Graduate school
    College of Agriculture

dt 6/19/01