

## GS-LoA — Request for Leave of Absence

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### Instructions for Completing the GS-LoA

**Purpose of this form:** Degree-seeking graduate students will use Form GS-LoA to request an official leave of absence from studies for compelling personal, family, medical, or professional reasons.

**Time frame:** The completed GS-LoA form must be submitted by the last registration day for the initial term of absence. The student's account will be deactivated if the student is not enrolled or on approved leave.

Before completing Form GS-LoA, please read the Graduate School's policies and procedures pertaining to Leave of Absence, Continuous Enrollment, and Readmission. These topics are searchable and listed in the table of contents of the *Graduate School Policies & Procedures Handbook*, available online as a PDF at <http://www.clemson.edu/graduate/students/policies-procedures/index.html>.

**How to use this form:** This form is designed to be completed onscreen and transmitted electronically as a PDF, forwarded to signees and digitally signed by all designated parties, and submitted to the Graduate School as an email attachment. It may also be completed and delivered by the alternate methods described.

- **For electronic submission:** Once you have completed this form and obtained all the necessary signatures from your advisor and/or program coordinator, click the button below to email this form to the Graduate School.

Submit GS-LoA

- **For electronic completion with paper submission:** You may print and complete the form by hand, obtain signatures from all designated parties, and then scan the form and send it as an email attachment to [GS-LoA-form@lists.clemson.edu](mailto:GS-LoA-form@lists.clemson.edu)
- **For all-paper submission:** You may print and complete the form by hand, obtain signatures from all designated parties, and then deliver the form as hard copy to the Graduate School at this address:

The Graduate School  
Clemson University  
E-106 Martin Hall  
Clemson, SC 29634-5713



## GS-LoA — Request for Leave of Absence

**This form must be completed and submitted by the last registration day for the initial term of absence. Your student account will be deactivated if you are not enrolled or on approved leave. Return completed form to The Graduate School, E-106 Martin Hall, or email to [GS-LoA-form@lists.clemson.edu](mailto:GS-LoA-form@lists.clemson.edu).**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ XID#: \_\_\_\_\_  Domestic  International student

Master's/Specialist's  PhD Program \_\_\_\_\_

Address while on leave: \_\_\_\_\_  
Street / city / state / country

Term(s) of requested leave:

**FROM**  Spring  Summer  Fall \_\_\_\_\_ **TO** (returning term)  Spring  Summer  Fall \_\_\_\_\_  
year year

Month/day leave starts, if known: \_\_\_\_\_

Reason for requesting leave:  Medical leave (*please attach documentation*)  
 Other (*please describe on next page*)

- I have discussed my financial support for my return with my program coordinator. I understand that my financial support (assistantship, traineeship, fellowship):  **will** be available upon my return;  **will not** be available upon my return;  I do not have financial support from the department or program.
- I have discussed my intended leave of absence with my advisor and/or program coordinator, and (if I am an international student holding an F-1 or J-1 visa) with an International Services advisor, as indicated by the signature(s) below.
- I have at least a 3.0 GPA and have passed/completed all program requirements to date (comps, qualifiers, etc.).
- I understand that while I am on leave, I may not utilize Clemson University resources including laboratory facilities, recreation, or health and wellness facilities.
- I have read the Leave of Absence, the Continuous Enrollment, and the Readmission policies in the [Graduate School Policies & Procedures Handbook](#). I understand the consequences of failure to adhere to these Graduate School requirements.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Advisor (print name) Signature Date

\_\_\_\_\_  
Program Coordinator (print name) Signature Date

\_\_\_\_\_  
International Services Advisor (print name, if applicable) Signature Date

To be notified by email after approval: \_\_\_\_\_  
Department Head (print name and email)

**GRADUATE SCHOOL ACTION:**  Leave approved  Leave not approved

Comments: \_\_\_\_\_

\_\_\_\_\_  
Graduate School Dean signature Date



**GS-LoA — Request for Leave of Absence** (continued)

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Explanation for requesting leave (continued from previous page):

