

**Georgia Institute of Technology
Office of the Registrar
Application for Leave of Absence**

Instructions and Information

- The Office of the Registrar will not process incomplete or late forms.

Completed forms with all required signatures should be submitted to the Registrar’s Office, Room 104 Tech Tower, 225 North Avenue, Atlanta, GA 30332-0315 or emailed to comments@registrar.gatech.edu. The application review process includes your Academic Advising Department, the Office of the Dean of Students and the Registrar’s Office. Other offices such as the Office of International Education may also be included in the review process as appropriate.

Recommended steps

- 1). Complete your sections of the form including your signature and today’s date.
- 2). Send form to your Academic Advising Department
- 3). Send form to the Dean of Students (no need to request an appointment with the Dean of Students).

Note: The Dean of Students will then forwarded your completed form to the Registrar’s Office.

The Leave of Absence policy does not supercede any other policy. For example, students who need to withdraw or petition to withdraw from a given term must follow that procedure. Students who are ineligible to return to Georgia Tech may not seek a Leave of Absence as a way to address that status.

Applications for a leave of absence are due by:

- Spring -- December 1st
- Summer -- April 1st
- Fall -- July 1st

Student’s Last Name

First Name

Middle Initial

GT ID

Current Email Address

Email Address during Leave of Absence

Mailing Address during Leave of Absence

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Term or terms for which a leave of absence is requested:

Fall

Spring

Summer

Term and year in which re-enrollment is anticipated: (e.g., Fall 2018)

Reason for the Request (attach additional documents as appropriate)

(Hint: Use the Control and Return buttons together to move cursor to new line.)

Important

By signing below, you are acknowledging that you have read and understand the following:

- You will have no access to campus facilities or services during the leave of absence period.
- You are advised to make arrangements for health care coverage during this period of time.

Signature of Student:

Date:

Signature of School or College Official:

Date:

Signature of Dean of Students:

Date:

For Office of the Registrar Use Only:

Approved: _____ *Not Approved:* _____ *Date:* _____

Comments: _____
