

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

Instructions and Information

This form should be submitted to the Registrar's Office, Room 104 Tech Tower, 225 North Avenue, Atlanta, GA 30332-0315. It can also be scanned and emailed to comments@registrar.gatech.edu. The review process will include the Office of the Dean of Students and the academic advisor in the student's major school. Other offices such as the Office of International Education may also be included in the review process as appropriate.

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

The address on the application should be a mailing address for the period students are to be on leave. The same applies to the email address listed on the application. Any communication from the Institute will be in the form of email to the address listed on the application.

Any questions related to the Leave of Absence policy or process should be directed to the Office of the Registrar at comments@registrar.gatech.edu.

Approval is not automatic. Each request is considered on its own merits by the Registrar's Office and reviewed by the Undergraduate or Graduate Curriculum Committee as necessary. Decisions will be reported to the current email address listed below.

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: _____
