ST. CLOUD STATE
UNIVERSITY™
A tradition of excellence and opportunity

School of Graduate Studies
"Stop Out" Request for Leave of Absence

Name ____
Last | First | Middle | Previous

SCSU E-mail ______________________________ SCSU Student ID ______________________

Current Address ____
Number & Street | City | State | Zip | Country

Home Phone ______________________________ Cell Phone ______________________________

Graduate Program ______________________________ Graduate Adviser ______________________________

I am requesting a leave of absence for:
☐ One semester ☐ Two semesters ☐ Three semesters ☐ Four semesters
If more than 4, please explain: ____
____
____
Additional space is provided on the back. Please check if you used the back ☐

My reasons for making this request are as follows:
☐ Military Service ☐ Medical Leave ☐ Maternity Leave ☐ Personal/Family Leave ☐ Other
Brief Explanation: ____
____
____
Additional space is provided on the back. Please check if you used the back ☐

I will resume my enrollment in ____
Year/Term

Signature ____ Date ______________________

Return to: School of Graduate Studies
121 Administrative Services Building
720 Fourth Avenue South
St. Cloud, MN 56301-4498

Phone 320.308.2113
FAX 320.308.5371
E-mail graduatestudies@stcloudstate.edu

A copy of this form with a decision will be sent to you through the U.S. mail within three to five days of receiving your request.

Graduate Adviser Recommendation

❑ Recommend Comments____

❑ Not Recommend Comments____

Graduate Adviser ____ Date ______________________

School of Graduate Studies Decision

❑ Approved Conditions____

❑ Not Approved Comments____

Graduate Dean ____ Date ______________________

Student Notified____
Date | By

SCSU is an affirmative action/equal opportunity educator and employer. This material can be given to you in an alternate format such as large print by contacting the department/agency listed elsewhere on this document.

ADDITIONAL ANSWER SPACE

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INSTRUCTIONS FOR COMPLETING THIS FORM

Graduate students may use this form:

1. To request a “stop-out” period or leave of absence from a graduate program.

Please note:

- International students should consult with the Center for International Studies regarding the effects of requesting a leave of absence on visa status.
- For doctoral candidates approval of this request will eliminate the need to maintain continuous registration during the approved leave period.
- Approval of a leave of absence does not extend the seven year time to degree requirement. All degrees must be completed within seven years of first enrollment.
- It is the student’s responsibility to initiate contact with the School of Graduate Studies to extend a leave of absence or to begin the return process.
- Students not re-enrolling after the expiration of the leave of absence will be dropped from admitted student status and may need to reapply for admission.

1. Provide complete information
2. Obtain all required signatures.
3. Submit the completed, signed form to:

    School of Graduate Studies
    St. Cloud State University
    121 Administrative Services Building
    720 Fourth Avenue South
    St. Cloud, MN 56301-4498
    Or fax to 320.308.5371

4. Allow 5 to 7 days for review of your request.

5. A copy of this form with a decision will be sent to you through the U.S. Mail.