

## Request for Leave of Absence

Graduate Degree or Credential Students

Name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_  
 Street \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 City/State \_\_\_\_\_  
Zip Code

Degree or credential objective (e.g., M.A. History or Single Subject Credential, etc.): \_\_\_\_\_

**Policy:**

Students must be in good academic standing and have completed at least six units toward the degree or credential in residence at Cal State Fullerton in order to qualify for a leave. It is recommended that leave requests be submitted before the first day of classes for the semester being requested.

**Supporting documentation must be attached to this form for leaves requested longer than one semester. A leave of absence is normally not granted for longer than two consecutive semesters. An approved leave does not extend the time limit imposed by the State for completing degree or credential requirements. It also does not exempt students from new credential requirements imposed by the State regardless of catalog year.**

**Instructions:**

Complete and submit this form to the Admissions and Records Service Center in Langsdorf Hall, Room 114. You will receive notification of the decision by mail within 2-3 weeks.

Reason(s) for requesting a leave of absence (attach documentation, as appropriate): \_\_\_\_\_

\_\_\_\_\_

Semester(s) being requested: \_\_\_\_\_

Today's date \_\_\_\_\_ Signed: \_\_\_\_\_

**OFFICE USE ONLY:**

Approval: Fall \_\_\_\_ Spring \_\_\_\_  Denial \_\_\_\_\_  
Associate Vice President, Academic Programs Date

Return by: \_\_\_\_\_ (Student must return by specified semester to maintain continuous enrollment.)

Denied \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies: Original    Records  
           Yellow        Student  
           Pink          Department

Comments: _____