# Sonoma State University

# School of Education

# Request for Leave of Absence – MA Programs

**Please type or print clearly with ballpoint pen.**

**Please check program:**

MA [ ]  Reading [ ]  ECE [ ]  CTL [ ]  Special Education [ ]  Ed Leadership

**Name:**

Last Name

First Name

Middle Name

Maiden/Former Name(s)

**Student ID#:** xxxxxxxxxx

**Phone:** (xxx)xxx-xxxx

**E-mail Address:** E-mail address

**Address:**

Street

City

State

zip

**Semester of admission:** Semester admitted

**Semester of requested leave:** Semester of requested leave

**Reason for request:** Reason for request

**Credential program courses successfully completed (by number only):** Number, Number

**Credential program courses in progress (by number only):** Number, Number

I understand that I must notify the Program Advisor, **in writing**, of my intention to reenter the program (by April 1 for Fall Semester or November 1 for Spring Semester) and that this leave is for ONE semester only. If I wish to extend this leave beyond one semester, I must have the approval of the Department Chair and I must apply for readmission to the program and university. **Please print, sign and date this form and submit.**

**\*Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**Request:** [ ]  **approved** [ ]  **not approved**

**Program Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Request:** [ ]  **approved** [ ]  **not approved**

**School of Education Graduate Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Request:** [ ]  **approved** [ ]  **not approved**

**Dept. Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**cc:** [ ]  **Credentials Office** [ ]  **Department** [ ]  **Student**