# Sonoma State UniversitySchool of EducationRequest for Leave of Absence – Multiple Subject Credential Program

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

**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

**Select appropriate subject matter option and fill in date:**

**Subject Matter Program** [ ]  **Completed** Date[ ]  **Will complete** Date

**CSET** [ ]  **Passed** Date[ ]  **Plan to take** Date

**Courses still needed:** Course

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 if I wish to extend this leave beyond one semester, I must apply for readmission to the program. **Please print, sign and date this form and submit.**

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

**FOR OFFICE USE ONLY**

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

**Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

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