# Sonoma State University School of Education Request for Leave of Absence – Single 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

**Subject Area:** Subject Area

**Semester admitted:** 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

**Check appropriate subject matter option and fill in date of completion:**

Subject Matter Program: Completed  Will complete

CSET: Passed  Plan to take

Subject area courses still needed: Courses

I understand that I must notify the Department Chair, **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**

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

**Request:  approved  not approved**

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

**Comments:**

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