

**REQUEST FOR LEAVE OF ABSENCE
MA Programs**

Name _____

(please check program) MA ___ Reading ___ ECE ___ CTL ___ Special Education ___ Educational Administration

Student ID# _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

E-mail address _____

Semester of admission _____ Semester of requested leave _____

Reason for request:

Professional education courses completed and passed (by number only):

Professional education courses in progress (by number only):

Professional education courses remaining (by number only):

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.**

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Request **approved / not approved**

Program Advisor _____ Date _____

Request **approved / not approved**

School of Education Graduate Advisor _____ Date _____

Request **approved / not approved**

Department Chair _____ Date _____

cc: ___ Credentials Office ___ Department ___ Student