

**REQUEST FOR LEAVE OF ABSENCE  
MA Programs**

Name \_\_\_\_\_

(please check program)

MA \_\_\_ Reading \_\_\_ ECE \_\_\_ CTL \_\_\_ Special Education \_\_\_ Educational Administration \_\_\_ TESOL

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 \_\_\_\_\_

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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