



REQUEST FOR LEAVE OF ABSENCE

Name _____ Subject area _____
Address _____ Student ID # _____
City, State _____ Phone _____

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):

Circle appropriate subject matter option and fill in date:

Subject Matter Program 1) completed _____ 2) will complete _____

CSET 1) passed _____ 2) plan to take _____

Subject area courses still needed: _____

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.

Student Signature _____ Date _____

Request approved / not approved Faculty Advisor _____ Date _____

Request approved / not approved Department Chair _____ Date _____

cc: _____ Credentials Office _____ Department _____ Student _____ Director of Field Placement