

REQUEST FOR LEAVE OF ABSENCE

Name _____ Subject area _____

Address _____ Student ID# _____

_____ Zip _____ 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):

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 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.**

Student Signature _____ Date _____

Faculty Advisor _____

Request **approved/not approved**

Department Chair _____ Date _____

Request **approved/not approved**



Cc: ____ Credentials Office ____ Student ____ Department ____ Lisa Pollack