

**REQUEST FOR LEAVE OF ABSENCE**

Preliminary Level I Education Specialist Credential Program M/M \_\_\_ M/S \_\_\_

Preliminary Level II Education Specialist Credential Program M/M \_\_\_ M/S \_\_\_

Semester admitted \_\_\_\_\_ Semester of requested leave \_\_\_\_\_

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Reason for request:

Credential program courses successfully completed (by number only):

\_\_\_\_\_  
\_\_\_\_\_

Credential program courses in progress (by number only):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_ Subject Matter Program: Completed \_\_\_\_\_ Will complete \_\_\_\_\_

\_\_\_ Subject Matter Exam: Completed \_\_\_\_\_ Will complete \_\_\_\_\_

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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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FOR OFFICE USE ONLY

Request \_\_\_ approved \_\_\_ not approved

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Dept. Chair \_\_\_\_\_ Date \_\_\_\_\_

Comments:

cc: \_\_\_ Credentials Office \_\_\_ Student \_\_\_ Department \_\_\_ Placement Director