

REQUEST FOR LEAVE OF ABSENCE

Name _____ Subject area _____

Address _____ Student ID# _____

_____ 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 _____

FOR OFFICE USE ONLY

Request **approved / not approved**

Faculty Advisor _____ Date _____

Request **approved / not approved**

Department Chair _____ Date _____