



LEAVE OF ABSENCE
(please print clearly)

Name: _____ Student ID _____

Address: _____

City/State/Zip _____

Daytime Phone ____ (____) _____

E-Mail _____

Duration of Leave: ☐ 1 semester Which semester _____

☐ 2 semesters Which semesters _____

I plan to return for the ☐ Fall ☐ Spring _____ (year) semester

Purpose of leave ☐ Personal/Health ☐ Educational* ☐ Military

**If you plan on attending another school, please indicate the school name, list the course(s) you plan to take and have your academic advisor sign the form below*

_____	_____
_____	_____
_____	_____

School Name _____

Advisor Signature _____

Student Signature _____ **Date** _____

Although on leave, you will receive registration information.

Please mail or fax to: SSU Admissions & Records, 1801 E. Cotati Ave., Rohnert Park, CA 94928-3609 or (707) 664-2060