

STUDENT ID: _____ PHONE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

A Planned Leave must be requested prior to the beginning of the term for which the leave is to begin.

Graduate Standing: Conditionally Classified Credential Classified GPA

Circle term and enter year (Minimum of 1 term, maximum of 1 year.):

Leave to begin: Fall / Spring _____ **Plan to Return:** Fall / Spring _____
Year Year

Anticipated Graduation Date: Fall / Spring _____
Year

Is this an extension of an approved Planned Educational Leave? Yes / No (Circle)

Approval of the leave does not constitute an extension of the time period for the completion of all coursework and other requirements for the Master's degree.

Program Coordinator Approval: Approved Denied

Program Coordinator Signature

Please explain briefly how this leave will assist in clarifying your goals or relate to your educational objectives:

Did you receive financial aid at CSUDH? Yes / No (Circle)

If yes, you must clear with the Financial Aid Office before your leave can be approved.

Financial Aid Officer's Name

Financial Aid Officer's Signature

Date

I have read the provisions of the Planned Educational Leave Policy in the University Catalog and understand that non-compliance will result in forfeiture of the advantages of the planned leave.

Student Signature

Date

FOR OFFICE USE ONLY:

Graduate Studies Signature: _____ Good Standing Yes No

Approved Denied Returned Unprocessed

Reason:

Student Notified

Processed By: _____

Date Posted: _____