



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

GRADUATE REQUEST FOR PLANNED EDUCATIONAL LEAVE THE REGISTRAR'S OFFICE

FOR OFFICE USE ONLY PLACE DATE STAMP HERE

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: Plan to Return: Year Year

Anticipated Graduation Date: Year

Is this an extension of an approved Planned Educational Leave?

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?

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

Table with 4 columns: FOR OFFICE USE ONLY, Graduate Studies Signature, Good Standing, Reason, etc.