SONOMA STATE UNIVERSITY | COLLEGE OF EDUCATION, COUNSELING & ETHNIC STUDIES

Request of Leave of Absence – Special Education Program

NOTE: This request is for program only and not for SSU

Please fill in the form-do not print or scan

Requesting a leave from: ☐ MMSN ☐ ESN

Full Legal Name: _____ Former Name: _____

SSU Student ID# _____

SSU email address: _____ Phone #: _____

Semester of program admission: _____

Semester of requested leave: _____

Reason for request:

_____

Courses completed or in-progress (by number only- ex: EDSP 430)

_____

I understand that I must notify the Credentials & Graduate Admissions Office via email, of my intention to return to 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 program advisor and understand that I may need to reapply for readmission. Please complete and forward this form to your program coordinator.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

☐ Request Approved ☐ Not Approved

Comments:

_____

Program Coordinator Signature: _____ Date: _____

Rev 9.26