

Request for MA Program Leave of Absence

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: MA-CTL MA-Special Ed ECE-MA

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: EDUC 570)

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 advisor.

Student Signature: Date:

FOR OFFICE USE ONLY

Request Approved Not Approved

Comments:

Program Advisor Signature: Date: