

Request of Leave of Absence – Single Subject Credential Program

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

Please fill in the form-do not print or scan

Full Legal Name:

Former Name:

SSU Student ID#

SSU email address:

Phone #:

Subject Area:

Semester of program admission:

Semester of requested leave:

Reason for request:

Courses completed or in-progress (by number only- ex: EDSS 444)

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: