

Request for Leave of Absence – Special Education Program

Please type (only)

Preliminary Education Specialist Credential Program MMSN ESN

Semester admitted:

Semester of requested leave:

Last Name:

Student ID#:

First Name:

Phone:

Former Name:

E-mail Address:

Reason for request:

Credential program courses successfully completed (by number only):

Credential program courses in progress (by number only):

I understand that I must email the Program Advisor and the Credentials & Graduate Admissions Office, of my intention to reenter the program (by April 1 for Fall Semester or November 1 for Spring Semester) **and that if I wish to extend this leave beyond one semester, I must apply for readmission to the program. Please complete this form and return it to your advisor.**

***Student signature:** _____ ***Date:** _____

FOR OFFICE USE ONLY

Request: approved not approved

Advisor Signature: _____ **Date:** _____

Dept. Chair: _____ **Date:** _____

Comments:

Cc: Credentials Office Student Department