

Request for Leave of Absence – MA Program

Please type (only)

Please check program:

MA-ED ___ Reading ___ CTL ___ Special Education ___ MA- Ed Leadership ___ MA-ECE

Full Name:

Former Name:

Student ID#:

Phone:

SSU E-mail Address:

Semester of admission:

Semester of requested leave:

Reason for request:

Credential program courses successfully completed (by number only):

Credential program courses in progress (by number only):

I understand that I must notify the Program Advisor, **in writing**, of my intention to reenter 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 Department Chair and I must apply for readmission to the program and university. **Please complete and return this form to your advisor.**

*Student signature: _____ *Date: _____

FOR OFFICE USE ONLY

Request: approved not approved

Program Advisor Signature: _____ Date: _____

Dept. Chair: _____ Date: _____

Comments:

cc: Credentials & Graduate Admissions Office Department Student