Request for Leave of Absence – Single Subject Credential Program

Please type (only)

Last Name:

SSU Student ID#:

First Name:

Phone:

Former Name:

SSU E-mail Address:

Subject Area:

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):

Courses still needed:

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 to your advisor.**

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

FOR OFFICE USE ONLY

Request: ☐ approved ☐ not approved

Faculty Advisor Signature: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Comments: