

Request for Leave of Absence – Administrative Services Program

Preliminary Administrative Services Credential Program (ASC Prelim.)

Please type (only)

Last Name:

Phone:

First Name:

SSU E-mail Address:

Middle Name:

Address:

Maiden/Former Name:

SSU Student ID#:

Semester admitted:

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 and the Credentials & Graduate Admissions Office, **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 this form and return to your advisor.**

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

FOR OFFICE USE ONLY

Request: approved not approved

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

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

Comments:

cc: Credentials Office Student