# Sonoma State UniversitySchool of EducationRequest for Leave of Absence – Special Education Program

**Please type or print clearly with ballpoint pen.**

Preliminary Education Specialist Credential Program [ ] M/M [ ]  M/S

Semester admitted: Semester admitted

Semester of requested leave: Semester of requested leave

**Name:**

Last Name

First Name

Middle Name

Maiden/Former Name(s)

**Student ID#:** xxxxxxxxxx

**Phone:** (xxx)xxx-xxxx

**E-mail Address:** E-mail address

**Address:**

Street

City

State

zip

**Reason for request:** Reason for request

**Credential program courses successfully completed (by number only):** Number, Number

**Credential program courses in progress (by number only):** Number, Number

**Check appropriate subject matter option and fill in date of completion:**

[ ]  Subject Matter Program: [ ] Completed [ ]  Will complete

[ ]  Subject Matter Exam: [ ] Completed [ ]  Will complete

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 if I wish to extend this leave beyond one semester, I must apply for readmission to the program. Please print, sign and date this form and submit.**

**\*Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**Request:** [ ]  **approved** [ ]  **not approved**

**Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dept. Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**Cc:** [ ] **Credentials Office** [ ] **Student** [ ] **Department** [ ] **Placement Director**