

REQUEST FOR LEAVE

Students enrolled in the Speech-Language Pathology Graduate Program must indicate to the program when a break in attendance is planned. If a student requests a break in attendance of more than two terms (not including the summer), a Planned Educational Leave Application form must also be filed with the University. More information on this policy is posted at <https://www.csueastbay.edu/registrar/records/planned-educational-leave.html>

Please complete the information below and submit to your faculty advisor for approval:

Name:	Net ID:
Email:	Phone:
Admission Term:	Type of Admit: <input type="checkbox"/> CC II <input type="checkbox"/> CC X

Term/s Requested for a Leave

- Fall \_\_\_\_\_       Spring \_\_\_\_\_       Summer \_\_\_\_\_  
 Fall \_\_\_\_\_       Spring \_\_\_\_\_       Summer \_\_\_\_\_

Planned Educational Leave Application will also be submitted to the university for absence of two consecutive terms or more.

Reason/s for requesting leave:

Student Signature: \_\_\_\_\_ Submitted Date: \_\_\_\_\_

Reviewed and approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Advisor Date

Advisor Comments and Plan for Return

*Routing: Copy for student/Copy for student file*