 Leave of Absence

This form is used to request time off while maintaining in continuing enrollment status. This form is to be submitted within the first two weeks after the start of the semester. Only two consecutive semesters can be taken off per leave. Please email form to [forms.records@sonoma.edu](mailto:forms.records@sonoma.edu).

## Student Information

Name:Click or tap here to enter text.  
Student ID Number: Click or tap here to enter text.  
Email Address: Click or tap here to enter text.  
Phone Number: Click or tap here to enter text.

## Leave of Absence Information

Duration of Leave:  One semester  Two semesters  
Semester starting leave:Click or tap here to enter text.  
Last date you attended classes at Sonoma State University (Month/Date/Year):Click or tap here to enter text.  
Purpose of Leave:   
 Personal Health  
 Educational\*  
 Military  
 Study Abroad\*\*

\* If you plan on attending another school, please indicate the school name, list the course(s) you plan to take and have your academic advisor sign the form below:

Click or tap here to enter text.

School Name:Click or tap here to enter text.  
\*\*If you plan on participating in a Non-SSU study abroad program, please list the program and location below. Have the study abroad advisor, located in the Center for International Education, sign the form below.

Student Signature:   
Although on leave, you will receive registration information.



Advisor Email Address:Click or tap here to enter text.  
Advisor Signature:   
Advisor School and Department:Click or tap here to enter text.  
\*\*Study Abroad Advisor Email Address:Click or tap here to enter text.  
\*\*Study Abroad Signature:



Office of the Registrar Notes: