



LEAVE OF ABSENCE

(Please print clearly)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

SSU E-Mail: \_\_\_\_\_

Duration of Leave: One Semester Which Semester: \_\_\_\_\_
Two Semester Which Semester: \_\_\_\_\_

Last date attended classes at SSU: \_\_\_\_\_ Month/Date/Year: \_\_\_\_\_

I plan to return for the Fall Spring \_\_\_\_\_ (year) semester

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:

\*\*If you plan on participating in a NON-SSU study abroad program, please list the program and location below, and have the study abroad advisor, located in the Center for International Education, sign the form below:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

School Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

\*\* Study Abroad Advisor Signature: \_\_\_\_\_

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

Although on leave, you will receive registration information. Please mail or fax to: SSU Admissions & Records, 1801 E. Cotati Avenue, Rohnert Park, CA 94928-3609 or (707) 664-2060.