

## REQUEST FOR ACADEMIC LEAVE

**POLICY ON ACADEMIC LEAVE:**

Students who take a one semester leave of absence from CSUCI are considered continuing students and do not need to take any action prior to registration. Any student in good academic standing may apply to take a leave of absence from the University for up to four consecutive semesters. While a student may apply for multiple leaves, no student will be permitted more than six total semesters of leave from CSUCI. (SP03-06)

**INSTRUCTIONS:**

1. Complete *Request for Academic Leave* form and obtain the required signatures, if applicable. **Submit form to the Enrollment Center, Sage Hall.**
2. If enrolled for the semester requested for leave, it is your responsibility to drop all courses; otherwise the form will not be processed.
3. A decision and/or response will be communicated via Dolphin email, per the student communication policy (SP04-20) (SA.07.008).

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work or Message: \_\_\_\_\_  
 Email: \_\_\_\_\_

Leave to Begin: **Fall / Spring** \_\_\_\_\_ Year \_\_\_\_\_      Plan to Return: **Fall / Spring** \_\_\_\_\_ Year \_\_\_\_\_

**Reason for Leave:**     Medical     Personal     Military Service     Other \_\_\_\_\_

**Explanation:** (Include any institutions that you plan to attend)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Required Signatures:**

If you are receiving Financial Aid: \_\_\_\_\_  
Financial Aid Office

If you are currently enrolled in a Masters Program: \_\_\_\_\_  
Program Coordinator

**Your signature indicates that you have read and understood the provisions of the Planned Academic Leave Policy.**

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

**Administrative Use Only-Records & Registration**

Notes: \_\_\_\_\_

Processed by: \_\_\_\_\_ PS Update: \_\_\_\_\_ Student Notification: \_\_\_\_\_  
(Staff Initials) (Date)

G/AR/80/Forms/Records/Student Forms/Request for Academic Leave/ Revised 2/4/2009