

Request for Academic Leave

POLICY ON ACADEMIC LEAVE:

Students who take a **two** semester leave of absence from CSUCI are considered continuing students on informal leave and do not need to submit this form.

Any student may apply for a formal leave of absence from the university for up to **four** consecutive semesters (excluding summer and winter). While a student may apply for multiple leaves, no student will be permitted more than **six** total semesters of leave from CSUCI. (SP18-04).

Note: Newly admitted students **may not** apply for academic leave. However, in cases of extenuating circumstances, a student may petition for a first term leave of absence. Extenuating circumstance is defined as a verified accident, illness, military orders, or other circumstance beyond the student's control.

Deadlines for Submission by term:

Spring 2023: Friday, February 17, 2023

INSTRUCTIONS:

1. Submit form to the Enrollment Center Sage Hall. You may also turn in this form via mail or e-mail to registrar@csuci.edu.
2. If enrolled during the semester for which you are requesting leave, it is your responsibility to drop all courses in order for this form to 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 _____

Phone _____

Leave to Begin:

Plan to Return: **(Required)**

Term _____ Enter Year _____

Term _____ Enter Year _____

Update **Previous** Return Term (if you are extending or shortening your previously submitted leave)

Term _____ Year _____

*If you are attending another institution during your academic leave, please submit **official transcripts** to CI upon your return.

Your signature indicates that you have read and understood the provisions of the Planned Academic Leave Policy at the top of this form.

Student's Signature _____ Date _____

Administrative Use Only – Registrar's Office

Processed by: _____ PS Update: _____ Master's Program (Y/N): _____

Student Notified: _____ Financial Aid Notified: _____ MA Program Coordinator Notified (if applicable) _____