

Graduate Leave of Absence Petition

Graduate students Advanced to Candidacy may not miss any semester without the email approval of the College Associate Dean and with submission of this form to records@calstatela.edu at least one day prior to the start of instruction for the term your leave of absence will begin. Petitions submitted after the published deadline will incur a \$25 late fee and will only be accepted through Census. Students must drop their classes if enrolled for the term(s) of their proposed leave. Students are responsible for any grades and tuition charges incurred as a result of their classes not being dropped prior to the start of the term.

STUDENT IDENT	IFIC#	ATION									
Send this form fro	m yo	ur CalStateLA email a	ddress wh	en submitting to	ecords@calstate	<u>la.edu</u> fo	or processing.				
CIN:			Name:								
Graduate student of the College Ass			andidacy a	re granted a max	imum of 2 semes	ters, suk	pject to renewal with the	e appro	oval		
-		d Year I will return	to Cal Sta	te I A	Fall Semester		Spring Semester	2	0		Ī
					all Selliestel	$\frac{\circ}{\circ}$	Spring Semester				
I am requesting	to e	extend an already a	pproved l	eave O	No	\bigcirc	Yes				
		TION WHILE AWAY									
		tact information in G						l - Dl	NI.		
Home Addre		Mailing Address Home Phone Number Mobile Phone Number tate LA will continue to communicate with me using my Campus Email address (@calstatela.edu). While away, I will									
		important informatio		nicate with me us	ng my Campus E	maii add	iress (@caistateia.edu). vvnii	e away	, i Wii	1
REASON FOR LE	AVE	OF ABSENCE									
My reason for requ	uestir	ng a leave of absence	is:								
Sending this form	fror	n your Cal State LA	email ad	dress constitutes	s vour electroni	c sianat	rure				
		GE ASSOCIATE DE				o orginal					
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Attach College A	SSOC	riate Dean approva	l to your e	email when send	ing this comple	rted for	m to <u>records@calstat</u>	ela.ea	<u>u</u> .		
		JDENTS ONLY (F VI				JDENT A	ADVISOR				
		t authorization to re					15				
Attach Internati	onal	Student Advisor ap	proval to	your email whe	n sending this c	omplet	ed form to <u>records@c</u>	<u>aistat</u>	<u>ela.ea</u>	<u>u</u> .	
REGISTRAR'S OF	FICE	USE									
Career				Standing			Last Enrolled Sem				
Eligible		Ineligible		Processed by			Date				