



## Leave Request Form

### Note:

- No form is required if you are planning to be out for only one semester. Students out for only one semester are eligible to return without submitting an admission application unless disqualified or disenrolled for non-payment of fees.
- A leave may be requested for any of the three reasons indicated on this form.
- A leave can be requested for more than one semester but no more than four semesters.
- Disqualified students or students disenrolled for non-payment of fees, can not file a request for leave.
- A health leave shall not be granted initially for more than two consecutive semesters, but may subsequently be extended if the department chair is satisfied that circumstances so warrant. A request for an extension shall be made in the same manner as the initial application.
- A planned educational leave must be approved and submitted prior to the opening day of classes of the first term of the leave.
- Students in their first term of attendance, or first term after an absence, cannot file a planned educational leave.
- Please read 2006-2008 SJSU Catalog regarding the University's policy on student leave requests (page 460) or on our website <http://info.sjsu.edu/home/catalog.html> before printing and completing the form

### Instructions:

1. Complete the form, print clearly, indicating type of leave requested.
2. All signatures are required. Undeclared students should contact Academic Student Services for advice and signatures.
3. Submit the form to the "R" (Registrar) counter at the Student Services Center.
4. Do not reapply if you decide to return before the end of the leave. It is your responsibility to notify the Office of the Registrar in writing of any changes.
5. A new petition with departmental approval must be obtained to extend the length of the leave. Check the extension box on this form if it is an extension.

SJSU ID #: \_\_\_\_\_ Student Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street # City State Zip Code

Major: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Leave Start Date: \_\_\_/\_\_\_/\_\_\_ Leave Return Date: \_\_\_/\_\_\_/\_\_\_

Check here if this is an extension of an existing leave.

Indicate your type of leave: (Please check one box.)

- Health Related Leave (Please attach documentation from doctor.)
- Military Leave (For students called to active duty) please attach copy of military orders.)
- Planned Educational Leave (Please write a short statement indicating how this leave will enhance your educational program.)

### Statement of purpose or need for leave (explanation):

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

\_\_\_\_\_  
Major Advisor's Printed Name/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson's Printed Name/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bursar Officer's Printed Name/ Signature

\_\_\_\_\_  
Date

### For Office Use Only:

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

Leave Req 08-20-07