

Superseded by RS 84-06

CALIFORNIA STATE UNIVERSITY, LONG BEACH

POLICY STATEMENT

NUMBER: 73-2

UNIFORM FILE
REFERENCE: Leaves

SUBJECT: Educational Leave Policy

Who Is Eligible

Any registered student, undergraduate or graduate in good academic standing is eligible to request an Educational Leave.

Procedures

- A. Each student shall complete an Educational Leave form to include an explanation of his or her reasons for seeking an Educational Leave and a statement of when he or she intends to resume academic work. The completed form is to be submitted to the student's academic advisor.
- B. The minimum initial leave will be one full semester; the maximum will be one calendar year. A student may request, in writing, an extension of leave at least two months prior to its termination. Under no circumstances shall total of successive leaves exceed two calendar years.
- C. Students returning from an approved educational leave are required to submit an application form but will not be required to pay another application fee if terms of the leave have been satisfied.
- D. Students who plan to enroll for credit at another institution of higher education during the leave period must obtain prior approval from the University. (See Educational Leave form.)
- E. Applications for an Educational Leave must be filed with the Admissions Office at least six weeks prior to close of the last semester before leave is taken.

Handwritten notes:
Approved
Withdrawal
Application
Form

CALIFORNIA STATE UNIVERSITY, LONG BEACH

Application for Educational Leave

Date filed with Adviser _____

Name _____ Social Security No. _____
Last First Middle

Address to which Confirmation Copy is to be Mailed:

_____ Telephone _____
Street No. City State Zip Code

Name and Address of Person who will always be able to contact you during the leave:

_____ Telephone _____
Name Address

Classification _____ Major _____
Fr. Soph. Jr. Sr.

Degree Objective _____ Credential Objective (if any) _____

Leave requested for _____ 19 _____ 19
Fall semester Spring semester

Purpose of Leave _____
(On reverse side show _____
courses to be taken) _____

Request to re-enroll _____
Fall semester (date) Spring semester (date)

Signed: _____
Name of Student

Approvals required:
Signature of Major Adviser _____
Signature of Department Chairman _____
Signature of Dean of School _____

Return to Admissions Office

During my Educational Leave I plan to earn credit as follows:

<u>Name of Institution</u>	<u>Term/Year</u>	<u>Dept. Course No. & Title</u>	<u>Unit Value</u>
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