

California State University, Long Beach

Enrollment Services

APPLICATION FOR EDUCATIONAL LEAVE

Matriculated undergraduate or graduate students, in good standing, who have completed at least one semester and have earned units at CSULB may apply for an Educational Leave for a minimum of 1 semester or a maximum of 2 semesters. Additional leaves must be requested by submitting a new Application for Educational Leave within University deadlines. Please note: while on educational leave, students may not attend another CSU campus. CSULB students who want to attend classes at another CSU institution must meet the eligibility criteria and submit the Concurrent and Visitor Enrollment Form to the Office of Enrollment Services. For information on enrolling at another CSU campus through the Concurrent/Visitor program, visit the Enrollment Services website.

Applications for Educational Leave must be submitted to Enrollment Services, BH-101, by the last day of the previous Fall or Spring semester. Applications submitted after the deadline will only be accepted through the last day of the requested semester and will be assessed with a \$10 missed deadline fee.

INSTRUCTIONS:

1. Complete the Educational Leave application form in full and obtain the required signature(s). VISA or Study Abroad Students must also acquire approval from the Center for International Education, BH-201.
2. Drop all enrolled courses for the semester requested prior to submitting the Application for Educational Leave.
NOTE: Students who drop and receive 'W' grades do not need to apply for Educational Leave for that semester.
3. Submit the approved Application for Educational Leave in person at Enrollment Services, BH-101.
4. Change your graduation date if you file an application for educational leave for the semester you filed for graduation.

PLEASE PRINT ALL INFORMATION

Name: _____ Campus ID #: _____

Class Level: _____ Plan (Major) _____ Program (Degree) _____

Certificate Objective: _____

Contact Information

Address: _____ City: _____ Zip: _____

Telephone: Home _____ Work/Cell/Message: _____

E-mail address: _____

Number of Semester(s) of Leave: 1 2 Semester(s) and Year of Leave _____

I plan to return to the University: Fall Year: _____ OR Spring Year: _____

Purpose of Leave: Medical Personal Educational Other _____

Explanation: (Include all institutions you plan to attend during the planned leave and list courses you plan to take for academic credit)

Student Signature: _____

REQUIRED SIGNATURES OF APPROVAL:

UNDERGRADUATES - Major Department Chairperson _____

GRADUATES - Graduate Advisor _____

Graduates attending another institution also need:

Major Department Chairperson _____ Dean of College _____

VISA / STUDY ABROAD STUDENTS - Center for International Education, BH-201 _____

Change of Graduation Date form submitted