



UNDERGRADUATE EDUCATIONAL LEAVE OF ABSENCE

Information: An undergraduate student who has exhausted his or her "out-one term" (see General Catalog) in a prior semester and who needs to remain un-enrolled for an additional semester may, under some circumstances and subject to certain restrictions, apply for an educational leave of absence. Students who are academically disqualified are not eligible for an educational leave of absence.

An undergraduate leave of absence may be granted for the following **documented** reasons:

1. Attendance at another accredited institution of higher learning
2. A health condition of the student prohibits attendance
3. Military duty/deployment.

Requests must be **documented** and submitted to Cougar Central **prior to the first day of classes** for the semester requested. Requests submitted without supporting documentation will be denied.

**Please note that, if enrolled, classes will be dropped for the semester in which the leave begins.*

Graduate students should refer to their program department.

Instructions: Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by fax, or as a scanned email attachment to registrar@csusm.edu.

Student Name: Last _____ First _____ Middle _____

Student ID: _____ CSUSM Email: _____@cougars.csusm.edu

Address: _____ Contact Phone Number: _____

City: _____ State: _____ Zip: _____ Degree Program: _____

TERM OF LEAVE: _____ 20____

**A student may not exceed 4 consecutive terms of leave of absence*

REASON:

Attendance at another accredited institution of higher learning

**Attach supporting documentation, e.g. letter of enrollment or unofficial transcript.*

Health condition of the student prohibits attendance

**Attach medical documentation.*

Military duty/deployment

**Attach a copy of your orders.*

Other: _____

**Attach any supporting documentation.*

By typing or signing my name on this line, I hereby certify that the information I have given you in the application above is true and correct.

Student Signature: _____ **Date:** _____

For verification purposes all forms signed and submitted electronically must be submitted from the student's CSUSM email address.

For Office Use Only:

Approved Denied

Date Processed: _____ Staff Initials: _____