

# Leave of Absence Request



|        |  |
|--------|--|
| Name:  | Student ID:                            |
| Email: | (circle one)<br>EDUC      or      CPSY |

Please submit completed forms to the Graduate Services Office in Loyola 130.

**I plan on taking a Leave of Absence from:**

\_\_\_\_\_ to \_\_\_\_\_

**I expect to return and enroll in classes for the following quarter:**

Fall 20\_\_\_\_\_ Winter 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Summer 20\_\_\_\_\_

**I understand that I can take a Leave of Absence for up to 1 year. If I do not return to Santa Clara University within the 1 year time allotted, I will be Discontinued. I also understand that if I do not return to Santa Clara University within 2 years of my last active class, I will need to reapply to the program upon my return.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                          |                    |
|--------------------------|--------------------|
| For Office Use Only      |                    |
| <input type="checkbox"/> | Processed by _____ |
| <input type="checkbox"/> | Student notified   |
|                          | Date: _____        |