

**Leave of Absence Request
EdD Program Office**

Name: _____ Student ID#: _____

I am requesting a Leave for the following semester(s):

Fall 20____ Spring 20____ Summer 20____

I intend to return to school for the following semester:

Fall 20 ____ Spring 20____ Summer 20____

I am requesting a leave of absence due to the following circumstances:
(Please attach additional page if more space is needed)

Student's Signature: _____ Date: _____

EdD Program Office Use Only: Approval Consideration

Student's Current GPA: _____ Units completed: _____ Units to be completed: _____

Previous Leaves approved for: _____

You are granted a Leave for the following semesters: _____

You must enroll for Fall / Spring / Summer year: _____ in order to retain your student status.

Remarks _____

EdD Program Director Signature

Date