



SREDLV

CALIFORNIA STATE UNIVERSITY LONG BEACH

### APPLICATION FOR EDUCATIONAL LEAVE

#### ELIGIBILITY REQUIREMENTS:

Matriculated undergraduate or graduate students, in good standing, who have completed at least one semester and earned units 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. **Under no circumstances shall the total number of semesters of educational leave exceed four per academic career.**

#### DEADLINES:

Submit to Enrollment Services, BH-101, by the last day of the previous Fall or Spring semester. Approved applications submitted after the deadline will be accepted through the last day of the requested semester with a \$10 missed deadline fee. Forms submitted without a \$10 fee will be returned. Please note, students may be subject to pro-rated fees.

#### 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: \_\_\_\_\_

Plan(Major): \_\_\_\_\_ Program(Degree): \_\_\_\_\_ Certificate Objective: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work or Message \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number of Semester(s) of Leave:                    1                    2

Semester(s) of Leave:                    1<sup>st</sup> Sem/ Year \_\_\_\_\_                    2<sup>nd</sup> Sem/ Year \_\_\_\_\_

I plan to return to the University:                    Fall Year \_\_\_\_\_                    Spring Year \_\_\_\_\_

Purpose of Leave:                    Medical                    Personal                    Educational                    Other \_\_\_\_\_

Explanation: (Include all institutions that 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

**Return this form to our office:**  
Visit our website to "Join the Queue"  
Beach Central, Brotman Hall; 1<sup>st</sup> Floor Courtyard