

Academic Affairs
Office of Graduate Studies

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5058 | fax: 909.537.5078
www.csusb.edu/graduate-studies

REQUEST FOR LEAVE OF ABSENCE

Leaves are required for any student who will be absent from the University for one term or more.

Name (First & Last):

Coyote ID:

Email:

Phone:

Last Term Completed

Term:

Year:

Term Leave Will Start

Term:

Year:

Returning Term

Term:

Year:

Current Graduate Program and Concentration:

Type of Leave Requested:

Please provide a brief explanation for the leave request (200 character limit):

Note: All students returning from an approved leave of absence earlier than stated above must submit a Readmission from a Leave of Absence form to the Office of the Registrar.

Student Signature

Program Coordinator Signature

Department and Graduate Studies Certification – Required for all leaves.

Approve

Deny

Associate Dean of Graduate Studies Signature

Date