

READMISSION FROM A LEAVE OF ABSENCE

Name _____ Term Returning _____
 Address _____ Coyote ID # _____
 City/State _____ Telephone # _____
 Zip Code _____ Major _____
 CSUSB Email _____

I am returning from a leave of absence due to (check one):

Personal
 Medical
 Military
 Approved Educational Leave

For approved educational leave, list the colleges or universities attended during your absence at CSUSB.

Name & Location of Institution(s) Attended	Enrolled From Date		Enrolled To Date		# of Units Completed	Degree Received (if applicable)
	Mo	Yr	Mo	Yr		

Please Note:

- Students who attended other institutions while on educational leave must provide official transcripts upon returning.
- Students returning within the boundaries of their leave will not have to complete another admission application or pay the application fee.

Signature of Student **Date**

FOR OFFICE USE ONLY			
Residency _____	Approved Return Term _____	Academic Status _____	Date _____