

**LEAVE OF ABSENCE REQUEST**  
**Credential, Service/Specialist Credential, and Postbaccalaureate**  
**Office of Graduate Studies**  
**California State University, Chico**  
**Chico, Ca 95929-0875**

**BENEFITS  
AND  
LIMITATIONS**

Leaves of absence are granted to Credential and Postbaccalaureate students for a maximum of one year (two consecutive semesters). You must submit your request for a Leave of Absence (LOA) no later than the fourth week of the first semester of your leave. No University admissions application is required to return to Chico. However, upon return from your leave, you are responsible for 1) obtaining a class schedule, 2) registering for classes during the normal registration period for the semester you re-enroll, and 3) submitting transcripts from any schools you attend during your absence. If you do not return at the time you indicate below or have not received authorization for an extension, your enrollment rights will be terminated and you must reapply with a graduate application and pay \$55. Requests for extensions must be made in writing to the Office of Graduate Studies.

**ELIGIBILITY**

You must be in good academic standing at the time of the leave and when you return. Master's degree students are not eligible for a LOA, nor are dual majors (i.e. master's in Education and Credential). You must adjunct enroll through the Center for Regional and Continuing Education and are not eligible for a LOA. To be eligible for the LOA, you must be registered as a regular student beyond the fourth week of classes or in attendance during the semester immediately preceding the requested leave. If you are LEAVING WITHOUT COMPLETION OF THE SEMESTER AND WISH TO REQUEST A LEAVE FOR THE SUBSEQUENT SEMESTER, YOU MUST ALSO OBTAIN A WITHDRAWAL CARD and follow the procedures for OFFICIAL WITHDRAWAL from the University.

**FINANCIAL  
OBLIGATIONS**

Your signature below certifies that you understand you will be charged and liable for a pro-rata assessment of fees obligations and tuition for any classes, which you were enrolled in and dropped on or, after the first day of classes. Fees will *not* be reversed or waived for classes dropped, whether financial aid is received or not. Any tuition charges on your account will be reversed according to the Financial Credit Policy for Fees and Tuition in the University *Class Schedule*. You are also liable for any equipment on loan to you by this University.

**IF YOU ARE IN ONE OF THE FOLLOWING STUDENT GROUPS,  
YOU MUST NOTIFY THE OFFICES BELOW PRIOR TO YOUR ABSENCE**

**INTERNATIONAL STUDENTS**-As an international student (F-1 or J-1 Visa), you must be enrolled each semester as a full time student. Only the Immigration Service may authorize you to remain in the U.S. without enrollment. Before reenrollment at CSU, Chico, you will be required to provide an official transcript covering your absence, or a re-entry 1-20 AB/ID. You must see the Chico International Student Adviser prior to your departure from CSU, Chico. Approved by: \_\_\_\_\_

**FINANCIAL AID RECIPIENTS**-If you received student financial aid while attending CSU, Chico, you must contact the Financial Aid Office prior to your departure from CSU, Chico.

**CREDENTIAL STUDENTS**-You must meet with your credential adviser to discuss your leave. Approved by: \_\_\_\_\_

**COMPLETE ALL INFORMATION REQUESTED BELOW AND SUBMIT THIS FORM TO  
THE OFFICE OF GRADUATE STUDIES (STUDENT SERVICES CENTER 460).**

Semester **last enrolled** at CSU, Chico: SPRING \_\_\_\_\_ FALL \_\_\_\_\_. Semester you **will return** to CSU, Chico: SPRING \_\_\_\_ FALL \_\_\_\_\_

If you enroll at another university during your leave, you must provide the Office of Graduate Studies with official transcripts.

Name of university in which you plan to enroll: \_\_\_\_\_

Print below the information where you can be reached during your leave.  NAME (Print) _____  CHICO STATE ID NUMBER _____  ADDRESS _____  CITY _____ ST _____ ZIP _____  PHONE NUMBER (____) _____  E-MAIL _____	<b>GRADUATE STUDIES USE ONLY</b>  APPROVED: _____ INITIAL: _____  DENIED: _____ DATE: _____  REASON: _____  _____  _____
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**Student Signature:** \_\_\_\_\_

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