

UNDERGRADUATE PLANNED EDUCATIONAL LEAVE (PEL) REQUEST

California State University, Chico
Student Records and Registration Office
Chico, California 95929-0720

Who May Apply for A PEL?

Undergraduates who are in good academic standing at the time of the requested leave and upon return to CSU, Chico may apply. To be eligible, you must have been in attendance as a regular student beyond the fourth week of the previous semester.

Benefits of a PEL

Approval of your PEL grants you the right to continue under the catalog rights in effect at the time you left the university. Upon your return from a PEL you will not be required to complete a university admissions application.

Limitations of a PEL

A Planned Educational Leave (PEL) may be granted to undergraduates for one year (two consecutive semesters). If you do not return at the time you indicate below, your enrollment and catalog rights will be terminated. All leaves are subject to the approval of the Student Records and Registration Office and do not guarantee re-enrollment in impacted programs. Requests for extensions to your PEL must be made in writing to the Student Records and Registration Office. An approved educational leave can be granted for a maximum of 2 years in order to maintain catalog rights (Title 5).

How to Apply for a PEL

You must submit your request for a Planned Educational Leave no later than the fourth week of the semester you leave. If you are enrolled in courses, you are responsible for dropping your courses before your PEL can be approved.

The Following Student Groups Must Notify the Offices Below:

- International Students: If you are an international student, see an International Student Adviser in the Center for International Studies prior to your departure.
Financial Aid Recipients: If you are receiving student financial aid at CSU, Chico, you must contact the Student Financial Services Office prior to your departure from CSU, Chico.
Educational Opportunity Program Students: If you are receiving support from EOP or Education Support Programs, you must meet with your retention adviser to discuss your leave.

COMPLETE ALL INFORMATION REQUESTED BELOW AND SUBMIT THIS FORM TO
STUDENT RECORDS AND REGISTRATION

Your signature below certifies that you understand you are liable for any pro-rata assessment of fees and tuition for classes you were enrolled in and dropped on or after the first day of classes. Any fee and 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 responsible for dropping your classes before you leave.

Semester last enrolled at CSU, Chico: FALL 20___ SPRING 20___ SUMMER 20___
Semester you will return to CSU, Chico: FALL 20___ SPRING 20___ SUMMER 20___

Reason you are requesting a leave of absence: [] Medical [] Transfer [] Other _____

Student Name (Print) CSU, Chico ID # (9 digits) Class Level

Student Signature Date

Print below the address and phone number at which you can be reached during your leave.
PHONE NUMBER (_____) _____

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

OFFICE USE ONLY

APPROVED: _____ INITIAL: _____

DENIED: _____ DATE: _____

REASON: _____