



INSTRUCTIONS Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Office of the Registrar.

All students requesting a Leave of Absence (LOA) from California Northstate University must complete this form after discussing their decision with the appropriate college administrator(s) (refer to your College's Leave of Absence Policy). If you are approved for a leave of absence, you are eligible to return without reapplication if within the approved time frame. Non-attendance does not constitute notification of intent to apply for leave of absence status. The date of leave status is the date the Registrar receives this signed form. **Complete all information requested; incomplete forms will not be accepted.**

STUDENT INFORMATION

Name: _____
Last First Middle

Student ID #: _____ Class of: _____ Date of Birth: _____ Phone #: _____

College (check one): COP COM CHS Personal Email: _____

Address: _____
Street (Include apartment #, P.O. Box, etc., if applicable.)

City, State ZIP

Last Day of Attendance (i.e. the last day you went to class): _____ (mm/dd/yyyy)

Leave of Absence Start Date: _____ (mm/dd/yyyy) Leave of Absence Return Date: _____ (mm/dd/yyyy)

Reason(s) for Leaving (check all that apply):

- Academic Death in Family Employment Illness: Self or Family Other Medical
- Marriage Maternity Leave Military Personal Suspended

Comments:

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
College Administrator (see College's LOA Policy)

Signature: _____ Date: _____
Director of Financial Aid

Signature: _____ Date: _____
Controller (Business Office)

Signature: _____ Date: _____
Registrar

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____ Updated 6/15 OR