

LEAVE OF ABSENCE

(please print clearly)

Name:	S	tudent ID
Address:		
City/State/Zip		
Daytime Phone ()_		
E-Mail		
Duration of Leave:	☐ One semester	Which semester
	☐ Two semesters	Which semesters
Last date attended classes a	t SSU:	Month/Day/Year
I plan to return for the	☐ Fall ☐ Spring	(year) semester
	chool, please indicate the school na	ducational*
School Name		
Advisor Signature		
Student Signature		Date

Although on leave, you will receive registration information. Please mail or fax to: SSU Admissions & Records, 1801 E. Cotati Ave., Rohnert Park, CA 94928-3609 or (707)664-2060