

Planned Educational Leave Application
OFFICE OF THE REGISTRAR

Name _____

Net ID: _____

Address _____ City _____ State _____ Zip _____

Day Phone Number _____

CSUEB Horizon E-mail _____

Planned educational leave permits actively matriculated degree seeking students in good standing to pursue educationally related activities which will enhance the prospect of successful completion of the academic program but which do not require enrollment at California State University, East Bay. Other approved uses are for some documented medical and military leave. The leave may be for a period of up to two years including the summer quarters. If approved, the student will retain graduation catalog rights and may register as a continuing student provided the student returns and registers in the same major for the quarter indicated. All requests are reviewed by the Office of the Registrar and students are notified via Horizon email.

The quarter of intended return may be changed after approval is granted as long as the leave does not exceed two years total and written notice of intent to change the quarter of return is submitted to the Student Information Lobby, WA110, or sent by Horizon e-mail **at least one month** before the start of classes of the quarter of intended return. Failure to return as specified will result in the need to file a new application to the University, pay a new application fee and loss of catalog rights.

Planned Education Leave is **not** permitted for the following:

1. To take formal instruction in a program elsewhere while on educational leave if the coursework involved is from a regionally accredited institution and could be applicable to the degree being sought with CSU East Bay.
2. The student is discontinued from their program of study, or prior to completion of first term at East Bay.
3. Other examples include change of work schedule or employment, loss of income or transportation, or vacation.

I request a planned educational leave from (Begins the first term after the last term you enrolled for credit:

_____ Quarter, 20_____ to _____ Quarter, 20_____.
(Last quarter enrolled for credit) (Quarter of return)

Plan for Leave – Check One:

- Military Service – attach copy of deployment orders.
- Medical – attach copy of third party medical documentation and provide explanation below
- To pursue educationally related activities which will enhance the prospect of successful completion of your academic program. Attach third party documentation and provide explanation below

Indicate how time on leave will be spent and how planned activities relate to your educational objective (if applicable): _____

- Obtain the approval signature from your Major Department (below)
- Attach supporting documentation

Submit this completed form signed by the student and the department with documentation to the Enrollment Information Center in the Student Administration Building or fax to the Office of the Registrar at 510-885-3816 prior to being discontinued as a matriculated student. Students are automatically discontinued after the add/drop deadline of the third consecutive term of non enrollment. Incomplete applications will **NOT** be processed.

_____ Student's Signature (Required) _____ Date _____

I recommend approval for planned leave. **Approved** **Not Approved**

_____ Department Chair/Faculty Advisor Signature (Required) _____ Major Department _____ Date _____

Office of the Registrar: Approved: Not Approved _____

Coded By: _____ Date: _____