California State University, Los Angeles Office of The Registrar

Petition for Student Leave of Absence

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File this form at the Office of Enrollment Services, Administration 146, after you have obtained appropriate approvals and no later than three weeks before the end of the quarter before your proposed leave of absence.

Name (last, first, m.i.) Address City and State ZIP Code Class level		Student ID No. () Telephone Today's date Degree and major objective (option if applicable)							
					uarter and year you will return to CSULA				
					are you filing this petition to extend a previously activities during my leave of absence will co				v.
Student's signature		Today's date							
		(circle one)	Approve	Disapprove					
Major department/division chair	Date								
College graduate dean	Date	(circle one)	Approve	Disapprove					
(required for graduate students)	Duie								
		(circle one)	Approve	Disapprove					
International student adviser	Date								
(required for visa students) (Approval does not	grant authoriza	ution to remain in U.S. See	reverse side.)						
		(circle one)	Approve	Disapprove					
Registrar	Date								
omments:									
	(For Office	Use Only)							
Last attended Cal State L.A		Registration Preference Number							
		Registration date							
Residence status:									
Resident for fee purposes				<i>by</i>)					
Degree granted after last attendance?		Yes _							
Disqualified? Financial hold?		Yes _							
rinanciai noid ?		Yes _	INO						
Copies to:									
Student			Department/division						
College graduate dea	ın	Interna	tional student	adviser					
Registrar									