UNDERGRADUATE EDUCATIONAL LEAVE REQUEST

Use this form to request an educational leave (leave of absence) from the University in order to pursue other educationally related activities or to clarify your educational goals. A leave of absence maintains your catalog rights and eligibility to enroll for the term immediately after the expiration of the leave without reapplying to the University.

Educational Leave Requirements

Date: _____

Have you attended at least one semester at HSU?   Yes   No

   If no, please contact the Office of the Registrar at records@humboldt.edu or (707) 826-4101.

Are you already registered for units in the first term that this leave will begin?   Yes   No

   If yes, you must ask for withdrawal for that term by completing a Withdrawal from the University form available from the Office of the Registrar (SBS 133). If no, continue completing this form.

Is your graduation date for the semester of return or later?   Yes   No   I have not applied for graduation.

   If no, submit a Graduation Date Change before submitting this form. Your graduation date on file must be for the semester of return or later.

Student Information

Name _____

HSU ID: _____

Phone: _____

HSU Email: _____ @humboldt.edu

Educational Leave Information

You may request an educational leave for **one or two terms** at a time.

Semester leave begins: Fall   Spring   Summer   Year _____

Semester of return: Fall   Spring   Summer   Year _____

I hereby certify that I am eligible to request a leave. I have attended at least one semester at HSU; I am not registered for any units in the semester the leave will begin; and my graduation date on file (if I have applied for graduation) is the semester of return or after.

I acknowledge that while on leave I am not considered "enrolled" and am not eligible for any other services from the University; I am responsible for checking my university email for registration information and deadlines for the term of return. If unable to return, I may request an additional one or two terms (for a maximum of four terms) under special circumstances.

_____   _____
Student Signature   Date

Office of the Registrar	Remarks: _____
Anticipated Graduation Date _____	_____
Previous Semester Attended _____ Class Level _____	_____
Previous Semester Educational Leave_____	_____
Date Processed_____ Initials_____	_____