



CALIFORNIA  
NORTHSTATE  
UNIVERSITY

## Leave of Absence Form

Office of the Registrar  
9700 West Taron Drive | Elk Grove, CA 95757  
916-686-7400  
Registrar@cnsu.edu

**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: \_\_\_\_\_ 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):

- |                                   |  |                                     |  |  |
|-----------------------------------|--|-------------------------------------|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Death in Family | <input type="checkbox"/> Employment | <input type="checkbox"/> Illness: <input type="checkbox"/> Self or <input type="checkbox"/> Family | <input type="checkbox"/> Other Medical |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Military   | <input type="checkbox"/> Personal  | <input type="checkbox"/> Suspended     |

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
College Administrator (*see College's LOA Policy*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director or Financial Aid

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Controller (Business Office)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Registrar

#### OFFICE OF THE REGISTRAR USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Updated