



Application For Planned Educational Leave (Undergraduate Students Only)

Name _____ SFSU ID# _____

Permanent Address (where you can be reached by mail during your time away from San Francisco State University).

Street: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Daytime Phone: _____

Major: _____ Student Level: _____

When do you plan to return: Fall 20_____ Spring 20_____

Identify in detail your plan of activities during your period of leave. (Additional information may be placed on an attached sheet.)

Student's Signature: _____ Date: _____

Student ----Do Not Write Below This Line

<p>Advisor's Review Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Comments _____ _____ _____</p> <p>Advisor's Signature: _____ Date</p>	<p>Department Chair's Review Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Comments _____ _____ _____</p> <p>Chair's Signature: _____ Date</p>	<p>Registrar's Review Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Comments _____ _____ _____</p> <p>Registrar's Signature: _____ Date</p>
---	--	---