



CSU Bakersfield

Academic Affairs

Office of the Associate Vice President for Academic Programs and Dean, Undergraduate/Graduate Studies

Mail Stop: 11 EDUC
9001 Stockdale Highway
Bakersfield, California 93311-1022
(661) 654-3420
(661) 654-6911 FAX
www.csub.edu/academicprograms

Planned Educational Leave Graduate and Post-Baccalaureate Students

Name: _____ Student ID: _____
Last First

Address: _____
Street # & Name City State Zip

Telephone: () _____ Program: _____

Duration of Leave: _____ to _____ Email: _____
Term & Year Term & Year

I would like to Petition for a Planned Educational Leave for the following: (check one)

- Non-Medical Reason
- Medical Reason (A physician's letter must accompany this petition and must indicate a beginning and end date of the Planned Educational Leave.)

Attach any additional paperwork to this petition. All letters accompanying petitions must be typed and addressed to the Academic Programs Office. Handwritten letters will not be accepted.

Signature of Student: _____

Approval of Graduate Program or Credential Coordinator/Director: (REQUIRED)

Support Don't support Comments: _____

Graduate Program Coordinator/Director Name: _____

Graduate Program Coordinator/Director Signature: _____ Date: _____

My Signature certifies that the student is making satisfactory progress in the program.

For office use only:

Office of Academic Programs: Approved Denied

Date: _____ Authorized Signature: _____

Comments: _____