



CALIFORNIA
NORTHSTATE
COLLEGE *of*
PHARMACY

Leave of Absence Form

Instructions: All students requesting a Leave of Absence from California Northstate College of Pharmacy should fill out this form after discussing their decision with the Assistant Dean for Student Affairs. If you are requesting a leave of absence, the Assistant Dean must sign this form. If you are approved for a leave of absence, students 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.

Student Name: _____ **ID #:** _____

Mailing Address: _____

Phone: _____ **Email:** _____

Last Day of Attendance: ___/___/___ **Return Date :** ___/___/___

REASON FOR LEAVING:

- Academic
- Suspended
- Death in Family
- Employment
- Illness __Self __Family
- Marriage
- Maternity Leave
- Military
- Personal

Comments: _____

Student Signature: _____ **Date Signed:** _____

Assistant Dean for Student Affairs Signature: _____ **Date Signed:** _____