



Leave of Absence Petition

◆ Office of the Registrar ◆ One Washington Square ◆ San José, CA 95192-0009 ◆

Notes

- Do not file this form if you are planning to be out for only one semester. A one-semester absence without a leave request and without the need to apply for readmission to the university is allowed for all students except graduate students in RP status, E.O. 665 students, disqualified students, or students disenrolled for non-payment of fees.
- A leave can be requested for no more than four semesters, except for military leaves with proper documentation.
- For an early return from leave, it is your responsibility to notify the Office of the Registrar in writing. Students in academic cohorts may be restricted to certain semesters for their return.
- All international students planning to be out for one or more semesters must secure approval from International Student and Scholar Services (ISSS). See ISSS before submitting this form. (ISSS website: <http://www.sjsu.edu/ips/>)
- Graduate students in RP status cannot apply for a leave for other than medical or military reasons.
- Please read the current SJSU Catalog regarding the university policy on leaves of absence submitting the form. It is available online at <http://info.sjsu.edu/static/catalog/policies.html>.

Instructions

1. Complete the form indicating type of leave requested.
2. Attach a personal statement detailing the reason for the leave of absence. Attach documentation that supports your request. Failure to provide enough detail may result in your request being returned to you. See below, however, for divulgence of medical information.
3. All signatures are required. Undeclared undergraduate students should contact Academic Advising and Retention Services (AARS) for advice and signatures.
4. Submit the form to the "R" (Registrar) counter at the Student Services Center(SSC) before the start of the semester of the leave.

SJSU ID# _____ Student Name _____
Last First Middle

Mailing Address _____
Street # City State Zip Code

Major _____ Phone _____ E-mail _____
(Student will be informed of decision within 30 days of submission via this address)

Term Last Attended _____ Year _____ Leave Start: Term _____ Year _____ Leave Return: Term _____ Year _____
Spring/Summer/Fall 4 digits Spring /Fall 4 digits Spring /Fall 4 digits

Check this box if this is an extension of an existing leave. A request for an extension must be filed before the start of the semester following the leave period. The reasons for the extension must be the same as for the original leave; for a different reason, a new leave petition should be filed.

Check this box if requesting retroactive leave. These leaves, which are rarely awarded, must be justified by documentation indicating an inability to apply in advance of the leave period.

Check this box if requesting first semester leave. These leaves, which are also awarded rarely, are for students accepted into the university but unable to attend. Once the semester begins, this kind of leave is no longer applicable.

Indicate the type of leave you are requesting (check one box only)

Health-Related Leave (Attach personal statement along with either medical documentation or the Healthcare Provider Verification of Medical Condition form, available on page 2 & 3. Divulgence of medical information is not required, although it may be if desired.)

Primary Caregiver Leave (Attach personal statement and medical documentation or the Healthcare Provider Verification of Medical Condition form, available on page 2 & 3. Divulgence of medical information is not required, although it may be if desired.)

Military Leave (Attach copy of military orders for call to active duty. Leave may not exceed 5 years.)

Educational Leave (The personal statement must describe the leave activity and how it will enhance your educational program. At least one letter of support from a university professor must be included.)

Personal Hardship Leave (The personal statement should indicate the nature of the hardship: financial, increased work hours, job relocation, or other. Include a plan by which you will bring yourself back to financial security or to resolve the hardship.)

Major Advisor's Printed Name & Signature Date

Dept. Chairperson's Printed Name & Signature Date

IPS Advisor's Printed Name & Signature (for Int'l students) Date

College Associate Dean Name & Signature

Date



Healthcare Provider Verification of Medical Condition Form

Purpose of the Form

This form serves as documentation of medical/health issues in support of a student petition. A completed form must accompany the petition submitted to San Jose State University.

Student Instructions

Complete Section I before giving this form to your healthcare provider. Attach a copy of your *completed* university petition (drop, withdrawal, reinstatement, leave of absence, or other) except for signatures to this form before submitting to your healthcare provider. Take this completed form to the signers on the petition.

Section I. For Completion by the STUDENT		
Student Name	Student ID	Phone No. (cell preferred)
Preferred eMail Address		
I authorize the healthcare provider named below to complete this form and provide the information requested by San Jose State University. NOTE: The information sought on this form pertains only to the condition for which the student is submitting a petition.		
Student or Patient Signature		Date

Healthcare Provider Instructions

The student above has requested a course drop, semester withdrawal, or leave of absence for health reasons or to care for your patient. The completed university petition must be attached by the student for your consideration. Please answer all applicable parts below. Limit your responses to the condition for which the student is requesting a drop, withdrawal, or leave. We do not wish to know any specifics of the medical condition, only whether, in your best judgment, the student’s coursework performance is (for a leave or withdrawal from current classes) or was (for a retroactive withdrawal from classes in the past) likely to be critically affected by his or her medical condition. For mental health cases, we wish to have distinguished stress resulting from poor academic performance from that causing the poor performance.

Late in or following a semester, it is extremely rare for the university to allow individual courses taken within an array of courses to be dropped. It would require that sound medical reasons exist – rather than simply poor academic performance - to justify why one or more courses should be treated differently than other courses enrolled in during the same term. Thus you may be specific about types of coursework that are to be restricted, such as physical education activity courses or laboratory or fieldwork courses. Keep in mind that a student may have a condition that lasts only a small portion of a semester so that accommodations from the instructor would be sufficient to allow course completion without a course drop.

Section II. For Completion by the HEALTHCARE PROVIDER

Part A: Medical Facts

1. Name of Student/Patient _____
2. Approximate date medical condition began _____
3. Date student was able to or will be able to return to coursework _____
4. Is or was the condition severe enough to prevent the patient/student from successfully completing his or her semester studies (coursework) in the time period indicated? Yes No

5. Do you authorize any specific restriction on coursework (such as physical activity courses)?

6. In your medical opinion, is the medical condition serious enough to warrant the withdrawal from an entire semester's set of classes or to warrant a leave of absence for one or more semesters? Yes No
7. Under unusual circumstances, such as the need for treatment during a particular time of day that interferes with an existing class schedule, we allow students to drop a single class while continuing to attend the others. For the most part, we hold to the policy that if a student is well enough to attend some of his or her classes, he or she is well enough to attend them all. Does this student's condition or treatment plan warrant a drop from a single class? Please see the instructions on the previous page. Yes No

Section II. For Completion by the HEALTHCARE PROVIDER

Part B: Healthcare Provider Information

Name of Healthcare Provider	Address
Phone	
State License Number	Licensed to Practice in the State(s) of
Signature	Date

Optional Provider Notes