8.1 Leave of absence

Last name: __________________ First name: _______________ SID: ______________

Email: _______________________________ Phone: _________________________

Program: ☐ MSCMPE  ☐ MSSE

(1) Student submits

☐ A completed Leave of Absence form
☐ A copy of the unofficial student record from my.sjsu.edu
☐ A copy of SJSU admission letter
☐ A copy of Program of Study (must be completely typewritten)

(2) Department office

Tracking Number: ____________  Time Stamp: _____________________________

(3) Program Director

Decision: ____________________________  Initial: ______  Date: ______

(4) Student

☐ Picks up the form  Time Stamp: _____________________________