8.1 Leave of absence

Last name:	First name:	SID: _		
Email: Phone:				
Program: □ MSCMPE □MS	SSE			
(1) Student submits				
☐ A completed Leave of A☐ A copy of the unofficial☐ A copy of SJSU admissi☐ A copy of Program of S	student record from my			
(2) Department office				
Tracking Number:	Time Stamp: _			-
(3) Program Director				
Decision:		Initial:	Date:	-
(4) Student				
☐ Picks up the form Time Sta	amp:			