

LEAVE OF ABSENCE

Filling out this form indicates you plan to take a leave of absence from Cal Maritime and plan to return to your academic program within a year. If you would like to resign and do not plan to return, please fill out the University Withdrawal form on the Office of the Registrar webpage.

Name:	Student ID		
Major: <u>BA / FET / GSMA / ME / MET / MT/ OCN</u> (Circle One)	Housing Star	<i>tus:</i> <u>Residence Halls / TSGB /</u> (Circle One)	<u>Off Campus</u>
Semester in which withdrawal will begin: \Box Fall	(year)	(year)	(year)
If not completing the semester, please indicate your la	ast day of class attendance		
Please indicate semester of return: Fall	(year)	(year) Summer	_(year)
Are you a veteran? \Box Yes \Box No Are you	an international student? \Box Ye	es 🗆 No	
PRIMARY FACTOR INFLUENCING YOUR DE	CISION TO WITHDRAW:		
Campus Climate			
□ Family			
Financial			
□ Health* (medical clearance will be required for re	admission)		
□ Military Leave			
Personal. If so, please indicate why			
□ Other. If so, please indicate other reason			
Please briefly explain your reason for taking a leav			
PLEASE NOTE: An application for readmission and associated p information can be found at <u>https://www.csum.edu/registrar/</u> . You required depending on length of absence. A temporary leave does your responsibility to submit a transcript of all academic work com leave limit. Official transcripts and readmission will be withheld if that all obligations be taken care of prior to departure. Be sure to u disciplinary action taken by a designated Board after your voluntar Discipline Suspension/Dismissal).	must continue to meet the minimum ph not waive any of the academic or practi- upleted prior to readmission. Catalog rig f you have outstanding obligations to an update address and phone information v	nysical requirements; therefore a physic ical requirements of the California Mar ghts may be lost if the student's absence by department of Cal Maritime. It is h ria Online Services before departing.	cal examination may be itime Academy. It is be exceeds the one-year ighly recommended Any academic or
Student Signature		Date	
University Advisor's signature		Date	
The Academic Dean's approval is required if takin W's. (*Students leaving for health reasons will need a recomn			lent is seeking
□ Approved □ Denied: Academic Dean's Signa	ture (only if after second week of se	mester) Date	
\Box Please select this box if "W" units should be exem	pted from the 18-unit limit.		