



California Institute of Integral Studies

LEAVE OF ABSENCE

Use this form to request a Leave of Absence (LOA) or an extension on an LOA. After obtaining all necessary signatures, submit to registrar@ciis.edu as an attachment to an email sent from your CIIS student email account. For assistance, contact 415-575-6126 or registrar@ciis.edu.

Name and Address: *(please print legibly)*

_____ CIIS ID Number: _____
E-mail Address: _____
Phone: _____

Reason for Requesting an LOA: Significant Medical Issue Family Member Significant Medical Issue or Death Job Crisis
 Other: _____

Check the boxes below to indicate that you have read the following policies:

- I must have completed at least one semester in my program and be in good academic standing.
- I must have returned all Library materials; during the LOA, I am eligible to visit the Library but ineligible to check out or have remote access to materials.
- During the LOA, I am ineligible to have faculty provide feedback on my work.
- An LOA does not extend my deadlines for completing work for courses with "I" [Incomplete] grades, advancing to candidacy, or graduating (*see the most recent CIIS Catalog for these deadlines*).
- An LOA is granted for no more than one year at a time; I may request an extension after one year, but my cumulative amount of time may not exceed two years.
- If I don't register in the semester following the LOA, I will fall inactive and must be readmitted to be eligible to continue.
- I – not my advisor, program manager/coordinator, or any other CIIS staff member – am responsible for submitting this form, **with all necessary signatures below**, by the Drop Deadline to the Registrar's Office. I will contact that office in one week if I do not receive an email confirming that it's been processed.

Complete 1 or 2 but not both.

1. I request an LOA:

- a) To begin: Fall Spring Summer Year: _____
- b) I will re-enroll: Fall Spring Summer Year: _____
- c) I will graduate: Fall Spring Summer Year: _____

2. I request an extension on my current LOA:

- a) Which began: Fall Spring Summer Year: _____
- b) I will re-enroll: Fall Spring Summer Year: _____
- c) I will graduate: Fall Spring Summer Year: _____

Academic Advisor Signature: _____ Date: _____

Library Signature: _____ Date: _____

Financial Aid Office Signature: _____ Date: _____
financial aid recipients only

International Student Advisor Signature: _____ Date: _____
F-1 visa holders only

Student Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

DATE RECEIVED: _____ IN GOOD STANDING WITHIN 2 YEAR LOA MAX AT LEAST 1 TERM COMPLETED DATE PROCESSED: _____ REG: 8/13/20