



**Toulan School of Urban Studies and Planning**  
*Request for Leave of Absence*

Student Name: \_\_\_\_\_

PSU ID Number: \_\_\_\_\_

Leave requested for:

- Fall Quarter 20\_\_
- Winter Quarter 20\_\_
- Spring Quarter 20\_\_
- Academic Year 20\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By the end of the approved leave, you will be expected to return to active status or apply for extension. If you fail to do either, your enrollment in the Program may be cancelled.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
Program Coordinator Signature Date

\_\_\_\_\_  
Director Signature Date