

**SOLANO COMMUNITY COLLEGE
APPLICATION FOR A PLANNED EDUCATIONAL LEAVE**

Directions:

1. Read the attached information sheet to determine if a Planned Educational Leave is appropriate for you.
2. Complete the application by supplying all the information required.
3. Pay all outstanding fees.

It is the student's responsibility to investigate the effect of a leave upon such matters as financial aid, veteran's benefits, etc...

Please print clearly.

Last Name First Name Middle Initial SCC ID #

Date of Birth

Please indicate where notification of the Planned Educational Leave should be mailed.

Street Address City State Zip

Planned Educational Leave to begin on _____ and will return on _____
 Semester/Year Semester/Year

My reasons for taking a Planned Educational Leave are:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Clarify Goals |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Job Related |
| <input type="checkbox"/> Other | |

Please provide an explanation of items checked above:

SCC USE ONLY	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
	_____ Signature	_____ Date
		Rev. 7/12