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 supplying all of the information required.
3. Return any library books and pay all outstanding debts.

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

PLEASE PRINT CLEARLY

_____ _____

LAST NAME **FIRST NAME** **MIDDLE** **SOC SEC # or SCCID#**

_____

DATE OF BIRTH

INDICATE WHERE NOTIFICATION OF THE PLANNED EDUCATIONAL LEAVE SHOULD BE MAILED.

_____

STREET ADRESS **CITY** **STATE** **ZIP**

Planned Educational Leave to:

Begin On: _____ ***and*** ***Will Return:*** _____

semester/year ***semester/year***

My reasons for taking a P-E-L are:

- ☐ Medical
- ☐ Personal
- ☐ Travel
- ☐ Clarify goals
- ☐ Financial
- ☐ Job related
- ☐ Other

Please provide an explanation of items checked above:

_____

_____

_____

_____

_____

SCC USE ONLY: ☐ **Approved** ☐ **Denied**

_____

Signature **Date**

rev. 7-08