

**READMISSION FROM A LEAVE OF ABSENCE**  
**California State University, San Bernardino**  
**Office of Records, Registration and Evaluations**

Date \_\_\_\_\_ Term Returning \_\_\_\_\_

Name \_\_\_\_\_ CID # \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City/State \_\_\_\_\_ Major \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

**COLLEGES AND UNIVERSITIES ATTENDED WHILE ON LEAVE OF ABSENCE**

Name & Location of Institution(s) Attended	Enrolled From Date		Enrolled To Date		# of Units Completed	Degree Received (if applicable)
	Mo	Yr	Mo	Yr		

**Please Note:**

- Students who attended other institutions while on leave must provide official transcripts upon returning.
- Students returning within the boundaries of their leave will not have to fill out another admission application or pay the application fee.

<b>FOR OFFICE USE ONLY</b>			
Residency _____	Approved Return Term _____	Academic Status _____	Date _____