LEAVE OF ABSENCE FORM

Student ID _____

Name _____ _____
(first) (last)

Address _____

_____

Telephone _____

Degree Program _____

I completed my first graduate course taken at Western: Fall/Spring/Summer _____
(year)

This is to certify to Western Connecticut State University that I request a leave of absence from the University effective _____
(date)

My reason for the requested leave of absence is:

_____ Personal problems
_____ Academic problems
_____ Financial difficulties
_____ Health/family problems
_____ Job transfer/relocation
_____ Other -- Please give reason _____

_____

I intend to return Fall/Spring/Summer of _____.
(year)

_____
Student's Signature

_____ Approved

_____ Not Approved

_____
Graduate Coordinator's Signature & Date

_____ Approved

_____ Not Approved

_____
Graduate Dean's Signature & Date