



Leave of Absence Form

PLEASE PRINT:

Date	Major	School		
Last Name	First Name	MI	Student ID #	
Address	City	State	Zip Code	
(Cell) Telephone #	University E-Mail Address			

I hereby request a Leave of Absence from Western Connecticut State University beginning the date indicated above.

- I understand that this does not relieve me of any financial obligations to the University.
- I have read and understand the University's refund policy as stated on the website at www.wcsu.edu/cashiers/refund.asp.
- Students living on campus are required to contact the Housing Office at 203.837.8531 to withdraw from housing.
- A leave could affect your eligibility to receive or maintain financial aid. For more information, contact the Student Financial Services Office at 203.837.8580.

Reason for leave: Personal Health Financial Other

Please indicate when you plan to return to the University by completing this section.

I am hereby applying for a Leave of Absence beginning Fall/Spring of _____ (Year) and intend to return Fall/Spring of _____ (Year).

Check one: I wish to receive actual final grades for this semester.
 I wish to receive W's as final grades for this semester (only if final exam week is not already in session).

Comments:

Student's Signature

Date

Approved

Denied

Academic Dean's Signature (Required)

School

Date

After filling out this form, please take it to the appropriate Dean.