



Leave of Absence Form

PLEASE PRINT

Last Name First Name MI Student ID

Preferred Phone Number

Street Address City/Town ST ZIP

University Email Address Preferred email @wcsu.edu Other Email Address Preferred email

I hereby request a Leave of Absence from Western Connecticut State University beginning:

Circle one: Spring Fall Year: _____

I intend to return from my Leave:

Circle one: Spring Fall Year: _____

- 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.
- I understand that if I live on campus I am required to contact the Housing office at 203-837-8531 to withdraw from housing.
- I understand a leave could affect my eligibility to receive or maintain financial aid. For more information, contact the Student Financial Services Office at 203-837-8580.

Reason for leave (circle one): Personal Health Financial Other Coronavirus (COVID-19)

Check ONE: For the term I am requesting the leave for I am not enrolled in any course(s).

For the term I am requesting the leave for I am registered for courses and will need to have them dropped.
(ONLY PRIOR TO OR DURING ADD/DROP PERIOD)

Check ONE: I wish to receive final grades for the: FALL / SPRING (CIRCLE ONE) _____
(SEMESTER) (YEAR)

I wish to receive W's as final grades for the: FALL / SPRING (CIRCLE ONE) _____
(Only if exam week is not already in session.) (SEMESTER) (YEAR)

If enrolled Summer/Intersession Courses(s):

- Check one: I wish to receive final grade(s) for course(s).
- I wish to receive W's as final grades (ONLY IF PRIOR TO EXAMS)

Student's Signature: _____ Date: _____

Registrar's Office Processor (Required) _____ Date: _____