## LEAVE OF ABSENCE FORM

Student ID		
Name	(last)	
Address		
Telephone		
Degree Program		
I completed my first graduate course taken		(year)
This is to certify to Western Connecticut St absence from the University effective		
My reason for the requested leave of absence	ce 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	Approved	
Not Approved	Not Approved	
Graduate Coordinator's Signature & Date	Dean's Signature & Date	3/15