



# 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 @connect.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](http://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

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: \_\_\_\_\_