

REQUEST FOR LEAVE OF ABSENCE

Graduate students need to formally file a request for a Leave of Absence if they are not going to be enrolled for more than two consecutive terms (Fall, Spring only).

RamNet ID# _____ Student Name: ____

Address: _____ Phone #: _____

Graduate Program _____

Last Enrollment: Term/Year ____/____(i.e. Fall/2018)

Effective date of leave of absence: Term/Year ____; ____

Effective date of return: Term/Year ____/____

Reasons for requesting a leave of absence (attach separate pages if additional space is needed):

I understand that this Leave of Absence does not extend the six year time limit for the completion of my degree requirements. Please see the enrollment policy for more information. ([Enrollment Policy](#))

Student Signature. Date ____

APPROVALS:

Graduate Coordinator _____ Date ____

Dean of The Graduate School _____ Date ____

This form can be submitted from your WCU email address to gradschool@wcupa.edu or dropped off at McKelvie Hall (102 W Rosedale Ave, West Chester, PA 19383).