



Office of the Registrar
 181 White Street, Old Main 102
 Danbury, CT 06810
 Phone: (203) 837-9200
 Fax: (203) 837-9049
www.wcsu.edu/registrar

LEAVE OF ABSENCE FORM

Last Name	First Name	MI	Student ID #
Address	City	State	Zip Code
Telephone #		E-Mail Address	

I hereby request a leave of absence from Western Connecticut State University beginning:

(check one) FALL SPRING of YEAR: _____

I intend to return from my leave of absence:

(check one) FALL SPRING of YEAR: _____

Reason for Leave (check one): Personal Health Transfer Financial Other _____

If the semester from which you are taking a leave of absence has already started, please check one of the following options:

- "I AM NOT ENROLLED IN ANY COURSES"
- "I WISH TO RECEIVE FINAL GRADES"
- "I WISH TO BE WITHDRAWN (RECEIVE W'S AS FINAL GRADES)"
(ONLY IF EXAM WEEK IS NOT ALREADY IN SESSION)

If this leave of absence request is for a semester that has not started, all your registered classes for that term will be dropped.

COMPLETE THIS SECTION ONLY IF ENROLLED IN SUMMER/INTERSESSION COURSES:

Check one:

- I wish to receive final grade(s) for course(s).
- I wish to receive W's as final grades

- 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 withdrawal could affect your eligibility to receive or maintain financial aid. For more information, contact the Financial Aid Office at 203.837.8580.

Student's Signature: _____

Date: _____

THIS FORM IS VALID ONLY WHEN IT HAS BEEN SIGNED BY THE STUDENT AND SUBMITTED TO THE REGISTRAR'S OFFICE