



Office of Graduate Studies / West Chester University / McKelvie Hall
102 W. Rosedale Ave. / West Chester, PA 19383 / 610-436-2943 / www.wcupa.edu

REQUEST FOR LEAVE OF ABSENCE
Graduate Students only

WCU ID# _____

Student Name: _____ Maiden Name: _____

Address: _____ Phone #: _____

Graduate Program _____

Last Enrollment: Term/Year _____/_____ (i.e. Fall/2014)

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.

Student Signature _____ Date _____

APPROVALS:

Graduate Coordinator _____ Date _____

Dean of Graduate Studies _____ Date _____

Return to:

Office of Graduate Studies
West Chester University
McKelvie Hall, 102 W. Rosedale Ave.
West Chester, PA 19383