



Leave of Absence Request Form
 (To be completed by Student)

Student Name _____ myWSU ID# _____

Program Information:

_____ Regular Program _____ Advanced Standing Program

_____ Full Time _____ Part Time

1. Briefly provide a rationale for your request for the leave of absence.

2. Explain when you plan to return and finish the MSW program.

3. Be aware that students are expected to return to the program one year from the semester the leave began. Failure to request a leave of absence from the program and to register for the anticipated semester of return to the program will result in the student being placed into nondegree admission status and would require that the student reapply to the MSW program through the normal application processes if they wish to continue their graduate studies. Students who are formally admitted into the MSW program but fail to register for their first summer or fall semester coursework will be terminated from the program.

Student's signature _____ Date _____

Adviser's Approval (to be completed by MSW Adviser)

- Approved
- Approved, with the following changes: _____
- Denied _____

Adviser's signature _____ Date _____

MSW Director's Approval (to be completed by MSW Program Director)

- Approved
- Approved, with the following changes: _____
- Denied _____

Director's signature _____ Date _____