

WSSU Graduate Student Leave of Absence Request

Leave of absence guidelines:

occur in the term a term, then he/she	ent requests and is granted a leave of absence, reenrollment must agreed to in the leave request. If a student fails to continue in the agreed upon must reapply for admission. In all cases, course work must be completed within nrolling in a graduate degree program.
Please fill out co which the leave is	mpletely and route as indicated below. Must be filed prior to the term in s to begin.
Name	Banner ID
Degree	Semester of <u>first</u> enrollment
Leave of absence	term: fall spring summer I summer II Year
Reason for leave	(Please include brief statement below justifying your request.)
constitutes an agreemester, I must rof first enrolling as	ove guidelines and I understand the following: 1) that this leave request eement with the Graduate Office at WSSU; 2) if I do not return in the specified eapply for admission; 3) my program of study must be complete within five years a degree seeking graduate student and 4) that I will not be able to use universits or faculty during this time.
Signature of Student	Date:
Advisor:	Date:Approved Disapproved
Graduate Coordinate	r: Date: Approved Disapproved
Department Chair:	Date: Approved Disapproved
Graduate Office:	Date: Approved Disapproved

copy: 1) student, 2) advisor, 3) department, 4) Graduate Office