

Wilkes University

School of Education
Master Level
Request for a Leave of Absence

Directions: Complete and submit this form to your advisor for review. Approved leaves are required to remain in good standing.

Name: _____ WIN#: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Major: _____ Advisor: _____

Credits completed: _____ Credits transferred: _____ GPA: _____

Date of Request: _____ for Semester/Year: _____

Previous leaves granted (semester/year) _____

Reason for Request: (Use back of form or an attachment if additional space is needed.)

I understand that courses are offered in a rotating cycle within the program and that some courses have to be taken in sequence as they are offered. I understand that approved leave requests can delay the completion of my studies and could extend the completion of my degree beyond the allotted six years.

Student's Signature: _____ Date: _____

For Office Use Only

Reviewed by Advisor _____ Date _____

Date courses started _____ Date admitted _____

Last Attended _____

___ Approved for (semester/year) _____

___ Denied (reason) _____