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