WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
PROGRAM IN AUDIOLOGY AND COMMUNICATION SCIENCES
REQUEST FOR LEAVE OF ABSENCE

PLEASE PRINT Date: _____

Name: _____ _____ _____ WU student number: _____
Last First Middle Initial

Expected semester of leave: Fall 20_____ Spring 20_____ Summer 20_____

Expected semester of return: Fall 20_____ Spring 20_____ Summer 20_____ TBD_____

Reason for requesting leave of absence:

- □ Academic
- □ Financial
- □ Health
- □ Personal
- □ Special Study/Research
- □ Other: _____

Please Note:
In most cases, PACS will allow students to continue enrollment as a student, even while on a leave of absence. This enrollment will be accomplished by registering as a non-resident candidate (PACS 885 for master's students or PACS 886 for doctoral students). The PACS Office will handle this registration change, if applicable. Normal fees may apply, including the costs of maintaining student health coverage while on the leave of absence.

Signature of Student: _____ Date: _____

□ check here if submitted via email (no signature required; attach copy of correspondence)

To have your leave approved, this request must be signed by the PACS Program Director.

Approval Signature: _____ Date: _____ Date Leave is Effective (start date): _____

□ check here if submitted via email (no signature required; attach copy of correspondence)

If leaving mid-semester:

- □ Drop with a "D" (does not appear on transcript) – *allowed within first two weeks of class*
- □ Withdraw "W" (appears on transcript) – *for classes dropped between the third and twelfth week of classes, or third and tenth for the summer term*
- □ Instructor will assign an "Incomplete" – *when most requirements have been completed, but minimal requirements not met; will show on the transcript until a final grade has been assigned, or until the close of the next full semester, at which time the grade will be assigned as "F"*
- □ Instructor will assign in WebFAC – *allowed only after twelfth week for fall and spring semesters, or after tenth week of summer semester*

Comments: _____

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