Graduate School
Leave of Absence

The Leave of Absence is to be used by students who plan to be inactive for any academic term. Academic Leaves of Absence are granted for one semester or one year to continuing, degree-seeking students in good academic standing.

Mail to: Graduate Studies Office, Western State Colorado University, 600 N. Adams Street
Taylor Hall, Gunnison, CO 81231 (Fax # 970-943-7068)

Student ID # ___________________________ Birth Date ___________________________

Legal Name ________________________________________________________________
  Last __________ First __________ Middle Initial __________ Former (if applicable)

Permanent Mailing Address:

__________________________________________________________________________
  Street __________ Apt. # __________ City __________ State __________ Zip Code

Leave of Absence Mailing Address:

__________________________________________________________________________
  Street __________ Apt. # __________ City __________ State __________ Zip Code

Permanent Email Address ___________________________ Phone # _______________________

Indicate the term or terms for which you are requesting leave of absence
__________________________

Reason for leave ____________________________________________________________

__________________________________________________________________________

Please indicate your degree program

| Master of Arts in Education, Teacher Leadership |
| Master of Arts in Education, Reading Leadership |
| Master of Arts in Education, Educational Administrator Leadership |
| Master in Environmental Management, Integrative Land Management |
| Master in Environmental Management, Sustainable and Resilient Communities |
| Master of Fine Arts in Creative Writing, Commercial Writing |
| Master of Fine Arts in Creative Writing, Poetry with an Emphasis in Formal Verse |
| Master of Fine Arts in Creative Writing, Screenwriting |
| Master of Fine Arts in Creative Writing, Publishing Certificate |

*You must have the signatures below before applying for your leave.

Circle One: I DO / DO NOT plan to attend another institution while on leave.

Advisor Name (please print) ___________________________
Advisor Signature ___________________________________________ Date __________

Director of Financial Services Signature: ___________________________ Date __________

Student Signature ___________________________________________ Date __________

I certify that all statements in this application are true and accurate. I understand that if a hold is placed on my records or I am otherwise ineligible, I may not be allowed to register for classes.