



PROGRAM LEAVE REQUEST

Name	
Date of Request	

I hereby request a leave from the Professional Counseling & Supervision program at the University of West Georgia for the following reason:

I accept the responsibility for submitting in writing a request for a readmission interview with the Program Director in order to determine my readiness for readmission to the program. This request must be made by at least 60 days prior to semester of proposed reentry.

I understand that I must be in academic and professional good standing at the time of my request and that I will be assigned to the next available cohort on a space available basis.

_____ Approved

_____ Denied

Student Signature and Date	
Program Director Signature and Date	