



**DOCTOR OF EDUCATION *in* SCHOOL IMPROVEMENT
REQUEST FOR LEAVE**

Name:

Date of this request

Date admitted to the program

I hereby request a leave from the School Improvement 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

Program Director Signature

Date

01/16