



# Leave of Absence Request Form Graduate

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797  
Phone (413) 748-3530

Student Name: \_\_\_\_\_

Student I.D. : \_\_\_\_\_

Current Address: \_\_\_\_\_

Division: Graduate

Phone: \_\_\_\_\_

(Circle one): Resident    Commuter

Major/Program of Study: \_\_\_\_\_

(Circle one): Full-time    Part-time

Campus Location (applicable to SHS only): \_\_\_\_\_

Leave of Absence (This is an official request to temporarily exit the College with the intent of returning at a later date.)

Semester of Leave of Absence (or semester in which leave of absence begins):

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

(If requesting a leave of absence for a future semester, note the beginning date of the semester)

Official Date of Leave of Absence: \_\_\_\_\_

(Last day on campus in current semester or, if requesting a leave of absence for a future semester, note the beginning date of the semester)

Last Date of Class Attendance: \_\_\_\_\_

(Last day in class in current semester .. if requesting a leave of absence to begin at the end of the current semester, note the last day of classes for the current semester)

Indicate the semester that you plan to return to the College (refer to the College Catalog for information on the maximum length of a leave of absence):

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Reason(s) for Leave of Absence (circle all that apply):

- |   |                                 |   |                                 |
|---|---------------------------------|---|---------------------------------|
| A | Financial Difficulties          | I | Not Motivated                   |
| B | Academic Difficulties           | J | Pursuing non-academic interests |
| C | Program Difficulties            | K | Employment                      |
| D | Dissatisfied with SC            | L | Military Reasons                |
| E | Transfer closer to home         | M | Medical Reasons                 |
| F | Change of educational objective | N | Disciplinary Dismissal          |
| G | Marriage                        | O | Other _____                     |
| H | Family circumstances            |   |                                 |

Signatures:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/  
Campus Director (SHS)  
(required for Leave of Absence)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Dean (or designee)

\_\_\_\_\_  
Date