



GRADUATE STUDENT REQUEST FOR AN OFFICIAL:

Leave of Absence (complete Student Information & Leave of Absence sections) -- OR --

Withdrawal from Nazareth College (complete Student Information & Withdrawal sections)

Instructions: Complete student information and Leave of Absence OR Withdrawal section. Return form to the Registrar's Office

Mail: Registrar's Office 4245 East Avenue, Rochester NY 14618 **Fax:** 585-389-2612

Email: gradservices@naz.edu **In Person:** Smyth Hall, Room 1 **Questions?** Phone: 585-389-2819

STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle	Student ID # or Last Four of SSN
_____			_____
Address			Home Phone
_____	_____	_____	_____
City	State	Zip	Work Phone
_____			_____
Email			Cell Phone
_____			_____
Program			Advisor

LEAVE OF ABSENCE

Semester(s) of Leave: Summer Fall Spring Year _____

Anticipated Return Semester: Summer Fall Spring Year _____

Would you like to be dropped from classes for the semester(s) you have requested leave? Yes Not Applicable

Last date of attendance: _____

Explanation for leave (attach a separate sheet if necessary): Employment Maternity Financial Reasons Personal

Other (please specify): _____

I acknowledge that a leave of absence may impact course sequence and program completion. Therefore, I understand that I should meet with my advisor to discuss further completion of my program of study in anticipation of my return. I will also contact Financial Aid because my student loans may be affected. I understand that a leave of absence can not exceed one calendar year.

_____	_____	_____	_____
Student Signature	Date	Advisor Signature	Date

WITHDRAWAL

Would you like to be dropped from classes for the semester in which you are withdrawing? Yes Not Applicable

Explanation for withdrawal (attach a separate sheet if necessary): Employment Maternity Financial Reasons Personal

Other (please specify): _____

I understand that my graduate program and electronic record at Nazareth College will be inactivated. I understand that should my circumstances change, and I decide to return to Nazareth at a later date, I will have to complete a re-activation request or be subject to the entire application process depending on the length time away from my graduate program and my academic standing at the time of my withdrawal. I will contact Financial Aid because my student loans may be affected by this decision.

_____	_____
Student Signature	Date

Office Use Only:

Courses Dropped (if applicable) by: _____ Date: _____

Leave/Withdrawal Processed by: _____ Date: _____

File Copy Student Copy Advisor Copy Check if Copy Needed for Program Director