



# 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