

SCHOOL OF GRADUATE STUDIES

352 Lafayette Street, Salem, MA 01970-5353

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 salemstate.edu/graduate
 graduate@salemstate.edu

Leave of Absence/Withdrawal Form

If you wish to take a leave of absence or to withdraw from your graduate program, please complete this form and submit it to the School of Graduate Studies to be included in your file. The total leave allowed a student during his/her graduate program is two semesters. A leave of absence does not waive the mandatory six year time limit. That is, all students requesting a leave of absence must still complete their program within six years of date of acceptance.

To be completed by the student:

Full name:			ID no.
Street address:	City:	State:	Zip:
Phone:	Email:		
Graduate program:		Coordinator:	

Check one:

- I wish to apply for a leave of absence
- The leave will begin at the start of the _____ semester _____ year.
 - I will return for the _____ semester _____ year.

- I wish to withdraw from the _____ program

Check one:

- I am enrolled in classes for this current term and wish to complete these classes.
- I am enrolled in classes for this current term and wish to be withdrawn from these classes. (If you have questions about this process please contact the School of Graduate Studies.)
- I am not currently enrolled in any classes at Salem State University.

Reason for withdrawal from the program or leave of absence (please use codes listed below):

Academic Issues

1. Study at another university
2. Study abroad
3. Program does not meet my needs and interests
4. Difficulty transferring credits from another Institution

Transfer

5. Into a field of study not offered at Salem State University
6. To a public college
7. To another public university
8. To a private college
9. To a private university

Personal

10. Personal - general
11. Moving
12. Changing professional goals
13. Need time to think and plan future
14. Financial reasons

Medical

15. Maternity leave of absence
16. Unable to continue for health reasons

Student comments:	
Student signature:	Date signed:
Program coordinator signature:	Date signed:
Graduate dean signature:	Date signed:
Registrar signature:	Date signed:

Suggested distribution: original to Registrar's office; copies to student, program coordinator, student file

September 4, 2015