

GRADUATE: LEAVE OF ABSENCE or Withdrawal Form

Massachusetts College of Liberal Arts
North Adams, MA 01247

A# _____ Date _____

Name _____

Permanent Address _____

Permanent Telephone # _____

Major _____ Class _____ Advisor _____

Effective Date: _____ Anticipated Return Date _____ Last Active Semester _____

Reason (please check one):

H = Health F = Financial E = Employment P = Personal

M = Military O = Other (please specify) _____

Students who do not return within two semesters will be withdrawn from the College and will need to apply for readmission.

Signature of Student _____

For Office Use Only

Education Department Chair _____ Date _____

Dean of Graduate & Continuing Education _____ Date _____

Student Accounts _____ Date _____

Financial Aid _____ Date _____

Registrar's Office _____ Date _____

This leave will be processed when the completed form is returned to the Registrar's Office.