

Graduate Student Request for an Official:

- Leave of Absence (complete Student Information & Leave of Absence sections)
 Withdrawal from Nazareth College (complete Student Information & Withdrawal sections)

Instructions: Complete student information and Leave of Absence OR Withdrawal section. Return completed form to Graduate Student Services. **Mail:** Graduate Student Services 4245 East Avenue, Rochester NY 14618 **Fax:** 585-389-2612
Email: gradservices@naz.edu **In Person:** Smyth Hall Room 147 **Questions?** Phone: 585-389-2615

STUDENT INFORMATION

Last Name	First Name	Middle	Student ID # or Social Security #
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

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
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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
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For Office Use Only

Courses Dropped (if applicable) Leave/Withdrawal Processed by: _____ Date: _____

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