



# THE GRADUATE SCHOOL

www.salemstate.edu/graduate

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## Leave of Absence/Withdrawal

If you wish to take a leave of absence or to withdraw from your degree program, please complete this form and submit it to the Graduate School to be included in your file.

**Full Name:** \_\_\_\_\_  
Last Name First Name Middle Initial ID Number

**Address:** \_\_\_\_\_  
No./Street City/Town State/Province Postal Code

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check One:**

- I wish to apply for a leave of absence from the \_\_\_\_\_ degree program.  
 (A leave of absence is limited to one year unless there are special circumstances.)  
 I will return for the \_\_\_\_\_  
Semester Year

- I wish to withdraw from the \_\_\_\_\_ degree program.

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

**Academic Issues**

1. Study at another college
2. Study abroad
3. Academic programs do not meet my needs and interests
4. Difficulty transferring credits from another institution

**Personal**

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

**Transfer**

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

**Medical**

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

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Program Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Graduate Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Official Use Only:**

Date Submitted to Graduate School: \_\_\_\_\_ Notification of student of action taken: \_\_\_\_\_

Action taken: \_\_\_\_\_ Effective date of withdrawal: \_\_\_\_\_