



LEAVE OF ABSENCE/WITHDRAWAL FORM

I am requesting a (check one below)

- Leave of Absence
Extension of a Leave of Absence
Withdrawal

From the

- Sawyer Business School
College of Arts & Sciences

I am an

- Undergraduate Student
Graduate Student

Student ID Number

Name

Local Mailing Address (LAST (FAMILY), FIRST, MIDDLE INITIAL)

STREET CITY STATE ZIP CODE

Phone (DAY) (CELL)

Permanent Address

STREET CITY STATE ZIP CODE

Email Date of Birth (MONTH / DAY / YEAR)

Are you currently registered for classes? Will you complete the current semester?
Exact date of last class attended Expected return

- 1. Are you receiving financial aid from Suffolk University...
2. Do you owe Suffolk University money for tuition or other fees?
3. Are you enrolled in Suffolk University's student health insurance program?
4. Are you living in a Suffolk University residence hall?
5. Are you an international student with F-1 (I-20) or J-1 (DS-2019) status?
6. What is the reason for your request? (check one)

Please explain the above in greater detail on the back of this form.

STUDENT SIGNATURE DATE MONTH / DAY / YEAR

OFFICE USE ONLY

STUDENT AFFAIRS SIGNATURE EFFECTIVE DATE OF LEAVE/WITHDRAWAL MONTH / DAY / YEAR

