

**Graduate Student
Request for Temporary Withdrawal**

I, _____ (first and last name), would like to request a temporary withdrawal from the Graduate Program in _____ for the _____ (enter semester and year desired; you may request up to two consecutive semesters of leave).

I plan to resume coursework in the _____ (enter semester and year desired).

The reason/s for the request is/are (check all that apply):

Personal/professional Financial Medical Military service

No needed courses are offered

Other (please specify): _____

During my leave of absence, I may be contacted at the following address, phone number, and e-mail:

Address: _____

Phone: (____) _____

E-mail: _____

I understand that the leave of absence is normally limited to 1 year. Students with an absence of one year without an approved leave of absence, or who extend leave beyond one year, will be governed by new departmental/program guidelines upon their return to the program. Further, I understand that I am expected to remain in touch with the administrators of the graduate program throughout my leave for advising purposes.

If you wish to request a short-term leave of absence (15 days or less), please use the form available on the registrar's website to do so.

Students seeking approval for a leave of absence must complete this form and submit it to:

Mary Kate McNulty, Associate Dean, Graduate Studies
mcnulty@arcadia.edu
(215) 572-2877
Taylor 105

Student signature

Date

Program Director's signature

Date

The form will be reviewed by the Dean of Graduate and Undergraduate Studies and the Dean of Students:

Dean of Graduate and Undergraduate Studies' signature

Date

Dean of Students' signature

Date