



LEAVE OF ABSENCE FORM
MASTER'S PROGRAM ONLY

A student who finds it necessary to interrupt his/her course of study for up to three consecutive terms must request a leave of absence. You may give this form directly to your Department Coordinator/Chair or return it to the Assistant to the Dean of Graduate the School of Graduate Studies who will forward it on your behalf for consideration. Approved leaves will be communicated to the student in the form of a letter from the Dean. For complete information and policies for doctoral students, please check the policies section in the current academic catalog, including the policies specific to particular programs.

Student's Name: _____ ID Number: _____

Program of Study: _____

Cell Phone Number: _____ Preferred E-mail: _____

Term/Date Leave Begins: _____

Anticipated Return Date (no more than three consecutive terms later): _____

*If you are currently enrolled in any courses, please check and follow applicable policies and procedures for dropping courses, withdrawing from courses, and/or requesting incomplete grades. A request for a leave of absence from a program does not replace requirements related to courses in which a student is currently enrolled or courses that are incomplete. All financial matters are handled through the Chestnut Hill College Student Financial Services Office.

Reason for Requesting Leave of Absence:

Student Signature

_____ Date

Department Chair/Coordinator Signature

_____ Date

Dean Signature

_____ Date

For office use only: Leave of Absence Request Form received on _____ (date) by _____ (SGS representative) with signature(s): _____ of student only OR _____ of student and program chair/coordinator.

CC: Department Chair/Coordinator, Director of Graduate Admissions, Graduate School Representative, Student File