



GRADUATE LEAVE OF ABSENCE FORM

Last Name _____ First Name _____ Middle Initial _____

University ID Number _____ ☐ Quarter ☐ Semester ☐ International Student

Mailing Address _____ Date of Birth _____

_____ Home Phone _____

_____ Work Phone _____

Last Enrollment: Term/Year _____ / _____ (i.e. Fall / 2013) Email _____

Select one of the following reasons for withdrawal:

☐ Academic ☐ Active Military Service ☐ Family ☐ Financial ☐ Personal

☐ Other: _____

Effective date of leave of absence: Term/Year _____ / _____

Expected date of return: Term/Year _____ / _____

1. Signature of Student _____ Date _____

2. Signature of Advisor: _____ Date _____

3. Signature of International Students and Scholars Office _____ Date _____
If applicable

4. Signature of Drexel Central Representative _____ Date _____

5. Signature of Graduate College _____ Date _____

Leave of Absence Rule Set

Purpose

Students use this form to formally request a leave of absence for less than one academic year (four consecutive terms). Students seeking to leave the institution for more than four consecutive terms should use the University Withdrawal Form after which students will be required to file the Application for Readmission if they would like to continue study in a Drexel graduate program.

Procedures

Students must indicate the appropriate reason for their request. These students seeking a leave of absence must list both the term and year that they anticipate returning to the institution.

Students must then meet with their academic advisor to inform the advisor of their decision to leave the institution and obtain their signature. International students are required to inform a representative of the International Students and Scholars Services of their decision to leave the institution and secure a signature. Students must finally meet with a Drexel Central representative to discuss the financial aid and billing implications of leaving the university.

The Leave of Absence Form with appropriate signatures must then be submitted to the Graduate College for processing.

For OUR Use Only

Processed by _____

Date _____