

# Worcester Polytechnic Institute

Office of the Registrar

## Graduate Request to Return from Leave of Absence

**Instructions:** Complete Part I. Obtain department approval in Part II before submitting this form to the Registrar's Office.

**Submission Deadlines:** Fall Semester – August 1<sup>st</sup>      Spring Semester – December 1<sup>st</sup>      Summer Semester – May 1<sup>st</sup>

### Part I: (please print)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Date of last attendance at WPI: \_\_\_\_\_

**If a medical leave was taken, please specify type:**       Psychological       Other Medical

Students returning from medical leave must also provide additional documentation in order to return to WPI. Please see our web page, [Returning to WPI](#), for requirements and deadlines. You must be cleared by the appropriate WPI medical office before your return can be processed.

### **Semester of return (select one):**

Fall Semester Year: \_\_\_\_\_       Spring Semester Year: \_\_\_\_\_       Summer Semester Year: \_\_\_\_\_

**Please contact Residential Services at 508-831-5645 if you need on-campus housing.**

**Please contact Financial Aid at 508-831-5469 if you need funding.**

**Please contact Office of Disability Services at 508-831-4908 if you need to request accommodations.**

**Please note that your financial obligations may not be final, so please check your email and/or mail for notifications. By signing below, you acknowledge that you will be financially responsible for paying all charges associated with your account before you can be readmitted to the University.**

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

### Part II: Department Approval

Approval must be obtained from Graduate Coordinator or Department Head.

Approve       Deny\*

**\*If deny is selected, please provide rationale in the space below and send form to the Dean of Graduate Studies**

Rationale: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Graduate Coordinator or Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Academic Department, Bursar's Office, International House, Office of Student Aid & Financial Literacy

Please submit completed form to the Office of the Registrar

508-831-5211 (tel) 508-831-5931 (fax)  
100 Institute Road, Worcester MA 01609-2280  
wpi.edu/+registrar

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