

Worcester Polytechnic Institute

Office of the Registrar

Undergraduate Institutional Leave of Absence Form

Instructions: Fill out Part I. Take the form to the Office of Academic Advising to fill out Part II. Submit the completed form to the Office of the Registrar. Submission of the form is required for any tuition adjustment that may be due.

Important information: Please be sure you have cleared any obligations at the time of LOA, including any outstanding financial balances, the return of equipment or keys to the issuing authority, and any books to the library. *Failure to clear obligations will result in a hold on your academic record prohibiting the release of official transcripts.* Students should inform themselves about consequences to financial aid, visa status, housing, and other considerations before taking a leave. If you are a financial aid recipient, you may have additional financial obligations to meet once your aid is recalculated based on your official leave date. If you are an international student you must visit the International House to inform them of your leave.

Part I: Student Section (please print)

Name: _____ Student ID: _____

Home Address: _____ City _____ State _____ Zip _____

Email Address: _____ Class Year: _____

Leave of Absence Effective Date Requested:

Semester and Term (e.g. Fall 2017 A-term): _____ Last Date of Attendance*: _____

*Please note: You must plan to depart the campus within 48 hours unless other arrangements are made.

Intended Semester of Return: (check one) Fall Spring Summer Year: _____

*Leaves are approved for the remainder of the current semester (if applicable) and the subsequent semester (fall or spring only; summer is not counted). A leave can be renewed for one additional semester. Renewal requests must be received before the leave expires.

Reason for Leave (please check all that apply):

Medical Academic Financial Personal Family Obligation Other

Comments: _____

Your financial obligations may not be final at the time this form is filed, 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 return to the University.

Student Signature: _____ Date: _____

Part II: Office of Academic Advising Section

Effective date of leave: _____ Advisor Name: _____

Advisor Signature: _____ Date: _____

Registrar Use Only

Signature: _____ FINAID: _____ Tuition %: _____

Date: _____ NOTES: _____ WDSU: _____

Letter w/Attachment _____ MW Tracking: _____

Leave Expiration Date: _____

CC: International House, Academic Advising, Office of Housing/Res Life, Bursar's Office, Office of Student Aid and Financial Literacy