## Worcester Polytechnic Institute

Office of the Registrar

## **Graduate Request to Return from Leave of Absence**

Submission Deadlines: Fall Semester – A	August 1 <sup>st</sup> Spring Semester – Decen	nber 1 <sup>st</sup> Summe	
Part 1: (please print)			
Name:	Student ID:		_
Home Address:	City:	State:	Zip:
Phone Number:	Personal Email:		
Graduate Program:	Date of last attendance at WPI:		
Students returning from medical leave must	fy type:   Psychological also provide additional documentation in or and deadlines. You must be cleared by the ap	der to return to WPI. 1	
Semester of return (select one):  [Fall Semester Year:	□Spring Semester Year:	_ □Summer Seme	ster Year:
Please contact Financial Aid at 508-831-5	469 if you need funding.		
Please contact Office of Disability Service Please note that your financial obligations igning below, you acknowledge that you before you can be readmitted to the University	es at 508-831-4908 if you need to request a s may not be final, so please check your er will be financially responsible for paying ersity.	nail and/or mail for n all charges associated	
Please contact Office of Disability Service Please note that your financial obligations signing below, you acknowledge that you before you can be readmitted to the Unive Student Signature:	es at 508-831-4908 if you need to request a s may not be final, so please check your er will be financially responsible for paying	nail and/or mail for n all charges associated	
Please contact Office of Disability Service Please note that your financial obligations signing below, you acknowledge that you before you can be readmitted to the Unive Student Signature: Part II: Department Approval Approval must be obtained from Graduate C	es at 508-831-4908 if you need to request a s may not be final, so please check your er will be financially responsible for paying sersity.  Date:	nail and/or mail for n all charges associated	
Please contact Office of Disability Service Please note that your financial obligations signing below, you acknowledge that you before you can be readmitted to the Unive Student Signature: Part II: Department Approval Approval must be obtained from Graduate C Approve	es at 508-831-4908 if you need to request a s may not be final, so please check your er will be financially responsible for paying sersity.  Date:	nail and/or mail for n all charges associated -	l with your acco
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Please contact Office of Disability Service Please note that your financial obligations signing below, you acknowledge that you pefore you can be readmitted to the Universe Student Signature:  Part II: Department Approval  Approval must be obtained from Graduate Company  Fif deny is selected, please provide rations  Rationale:  Print Name:	es at 508-831-4908 if you need to request a s may not be final, so please check your er will be financially responsible for paying ersity.	nail and/or mail for n all charges associated	Studies
Please note that your financial obligations signing below, you acknowledge that you before you can be readmitted to the Universe Student Signature:  Part II: Department Approval  Approval must be obtained from Graduate Company Deny*  *If deny is selected, please provide rations:  Rationale:  Print Name:	es at 508-831-4908 if you need to request a s may not be final, so please check your er will be financially responsible for paying ersity.	nail and/or mail for n all charges associated	Studies

Please submit completed form to the Office of the Registrar, First Floor Daniels Hall.

508-831-5211 (tel) 508-831-5931 (fax)