

**Office of Academic Records and Registration**  
**REQUEST FOR GRADUATE LEAVE OF ABSENCE**

All graduate students who plan to interrupt their studies for one semester or more are required to submit a Leave of Absence form. Normally, students may request a leave of absence for no more than three consecutive semesters. At the end of an approved leave of absence, and prior to the beginning of the semester in which the student plans to resume her or his studies, the student must submit to the appropriate academic Dean a Request for Reinstatement form in order to reactivate her or his status and to be able to register for courses. If, at the end of an approved leave of absence, a student does not submit a Request for Reinstatement form in order to resume her or his studies, the student will then automatically be considered withdrawn from Wheelock. All withdrawn students are automatically placed on academic hold and are not permitted to register for additional graduate courses without submitting to the appropriate Academic Dean a Request for Reinstatement form.

In ordinary circumstances, all graduate students must complete their degree programs within five years of the semester of matriculation. If a leave of absence for a student is approved, the amount of approved leave time does not count as part of the five years allowed for completion. Students may not retroactively request a leave of absence but must acquire permission before the beginning of the first semester of leave of absence. Students do not need to request a leave of absence if they choose not to enroll in summer classes.

Students who receive financial aid should note that taking a leave once the semester has begun may have an impact on loan deferments/repayment and satisfactory academic progress (SAP) requirements for financial aid eligibility for future terms. Information about tuition refunds and SAP standards is available in the Graduate Financial Information section of the course catalogue.

Please submit this completed form to Academic Records with a letter explaining the circumstances behind your request. Please return this form to Academic Records and Registration by fax, email or mail to 200 The Riverway, Boston, MA 02215 Fax: 617-879-2276 email: [registrar@wheelock.edu](mailto:registrar@wheelock.edu)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Cell or email \_\_\_\_\_ ID# \_\_\_\_\_

Program \_\_\_\_\_ Advisor \_\_\_\_\_

When did you matriculate into your Wheelock graduate program? Term/Year \_\_\_\_\_

For which semester(s) are you requesting a leave? \_\_\_\_\_ Leave effective immediately? \_\_\_ Yes \_\_\_ No, end of term

In which semester/year are you planning to resume your studies? \_\_\_\_\_

Do you presently receive financial aid? \_\_\_ No \_\_\_ Yes

Are you an international student? \_\_\_No \_\_\_Yes If yes, you required to speak with the Designated School Official before taking a leave of absence.

Student \_\_\_\_\_ Date \_\_\_\_\_

*Signatures will be obtained by Academic Records*

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Student Account \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_