



Stevens Institute of Technology
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Hoboken, NJ 07030
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FAX 201.216.8030
Office of the Registrar
registrar@stevens.edu
http://www.stevens.edu/registrar

Graduate Request for Leave of Absence/Withdrawal

Note: Change of Enrollment Form is required to drop or withdraw from courses.
Undergraduates must contact the Dean of Undergraduate Academics' Office to Withdraw.

Name: _____ Social Security No.: _____ - _____ - _____

Address:

STREET _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____

I request a Leave of Absence from* ___/___/_____ to ___/___/_____

-OR-

I permanently withdraw from Stevens effective ___/___/_____

Reason(s) for Leave of Absence or Withdrawal:

- Academic Standing
Availability of Course Offerings
Business/Work Obligations
Employer no longer provides tuition assistance
Other (please explain)
Family Obligations
Financial
Medical
Relocation

I would like someone from the Registrar's Office to call me. My daytime telephone number is: _____ - _____ - _____

Thank You.

SIGNATURE _____ DATE _____

Approval:

DEAN OF THE GRADUATE SCHOOL _____ DATE _____

* Leave of Absence is granted for a maximum of two years.