



Stevens Institute of Technology
Castle Point on Hudson
Hoboken, NJ 07030
201.216.5210
FAX 201.216.8030
Office of the Registrar

Request for Leave of Absence/Withdrawal

Note: Change of Enrollment Form is required to drop or withdraw from courses.

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 Office of Graduate Studies to call me. My daytime telephone number is: _____-____-_____

Thank You.

SIGNATURE

DATE

Approval:

DEAN OF THE OFFICE OF GRADUATE STUDIES

DATE

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