



**STEVENS**  
 INSTITUTE of TECHNOLOGY  
 THE INNOVATION UNIVERSITY

Stevens Institute of Technology  
 Castle Point on Hudson  
 Hoboken, NJ 07030-5991  
 201.216.5210  
 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: \_\_\_\_\_ Student Identification 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Standing                              | <input type="checkbox"/> Family Obligations |
| <input type="checkbox"/> Availability of Course Offerings               | <input type="checkbox"/> Financial          |
| <input type="checkbox"/> Business/Work Obligations                      | <input type="checkbox"/> Medical            |
| <input type="checkbox"/> Employer no longer provides tuition assistance | <input type="checkbox"/> Relocation         |
| <input type="checkbox"/> Other (please explain) _____                   |   |

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

Thank You.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

Approval:

\_\_\_\_\_  
 DEAN OF GRADUATE ACADEMICS

\_\_\_\_\_  
 DATE

\* Leave of Absence is granted for a maximum of two years, and must be renewed each year.