



**STEVENS**  
INSTITUTE of TECHNOLOGY  
THE INNOVATION UNIVERSITY

Stevens Institute of Technology  
Castle Point on Hudson  
Hoboken, NJ 07030-5991  
201.216.5555  
FAX 201.216.8030  
**Office of the Registrar**  
registrar@stevens.edu  
http://www.stevens.edu/registrar

## Graduate Request for Leave of Absence/Withdrawal/Readmit

Note: Submitting this form will withdraw you from all of your courses if you are currently enrolled and you will be responsible for any tuition balance

**Undergraduates must contact the Office of Undergraduate Academics to Withdraw.**

Name: \_\_\_\_\_ Student Identification No.: \_\_\_\_\_

Address:

STREET

CITY

STATE

ZIP CODE

I request a Leave of Absence from\* \_\_\_\_\_ to \_\_\_\_\_ Expected Semester of Return \_\_\_\_\_  
DATE DATE

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

**-OR-**

I permanently withdraw from Stevens effective \_\_\_\_\_  
DATE

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

\*Must contact Office of Graduate Student Affairs prior to submitting form to Office of Graduate Education

**-OR-**

I request to be Readmitted effective:

Term:  Fall  Winter  Spring  Summer I  Summer II  Year

Year: 20\_\_\_\_\_

Thank You.

SIGNATURE

DATE

ADVISOR

DATE

DEPARTMENT DIRECTOR

DATE

DIRECTOR OF GRADUATE STUDENT AFFAIRS (If reason is Family Obligation or Medical)

DATE

OFFICE OF GRADUATE EDUCATION

DATE