



STEVENS
INSTITUTE of TECHNOLOGY
THE INNOVATION UNIVERSITY

Stevens Institute of Technology
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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/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 Academics

-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 ACADEMICS

DATE