SUFFOLK UNIVERSITY

2011–2012

the division of student affairs

LEAVE OF ABSENCE FORM

The Office of Student Financial Services is required to recalculate federal student aid eligibility for students who withdraw, drop out, are dismissed, or take a leave of absence prior to completing 60 percent of a semester. In some cases, federal loans already disbursed to the student may need to be returned to federal and state programs. This may result in the student owing money to Suffolk University. Students with federal student loans are required by the federal government to complete exit counseling upon their departure from Suffolk University. Exit counseling can be completed at www.studentloans.gov. Federal loans will enter their grace or repayment periods as of the effective date of withdrawal for federal student aid purposes. Thus, federal loans will enter their grace or repayment periods during a voluntary leave of absence, and any student taking such a leave must complete exit counseling.

I am requesting the following from the University:

❑ Leave of Absence ❑ Leave of Absence Extension

I am currently enrolled in the:

❑ College of Arts & Sciences
❑ Sawyer Business School

I am an:

❑ Undergraduate Student
❑ Graduate Student
❑ CAPS Student
❑ Certificate Student
❑ Non-degree Student

Student ID # _____

Name

_____
LAST (FAMILY) FIRST MIDDLE INITIAL

Permanent Mailing Address

_____
STREET CITY STATE ZIP CODE

Phone (DAY) _____ (CELL) _____ Email _____

Are you currently registered for classes? Yes No Will you complete the current semester? Yes No

Exact date of last class attended _____ Expected return Fall Spring Summer Year _____
MONTH / DAY / YEAR

1. **On the back of this form, please provide a detailed description of the reason for your leave of absence. (This form will not be processed without this information.)**
2. Are you living in a University residence hall? ❑ Yes ❑ No
3. Are you an international student? ❑ Yes ❑ No

By signing this form, I acknowledge that I have read the information on this form regarding withdrawal. I understand that withdrawing from the University may result in me owing money to Suffolk University for tuition and may result in my student loans entering repayment.

_____
STUDENT'S SIGNATURE DATE (MONTH / DAY / YEAR)

OFFICE USE ONLY

_____
STUDENT AFFAIRS SIGNATURE EFFECTIVE DATE OF WITHDRAWAL (MONTH / DAY / YEAR)

Please return this form to the Student Affairs Office
73 Tremont Street, 12th Floor
tel: 617.573.8239 fax: 617.973.5362

Code: _____

Please provide a detailed description of the reason for your leave of absence. **(This form will not be processed without this information.)**