



**SUFFOLK  
UNIVERSITY  
BOSTON**

**Please return this form to:**  
Suffolk University  
Student Affairs Office  
73 Tremont Street, 12th Floor  
Boston, MA 02108  
tel: 617-573-8239  
fax: 617-973-5362  
studentaffairs@suffolk.edu

**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 and state funds 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 taking a leave of absence from Suffolk University. Exit counseling must be completed at **studentloans.gov**. Federal loans will enter their grace or repayment periods as of the effective date of the leave of absence.

Student ID # \_\_\_\_\_

Name \_\_\_\_\_  
LAST (FAMILY) FIRST MIDDLE INITIAL

Permanent Mailing Address \_\_\_\_\_  
STREET CITY STATE/COUNTRY ZIP/POSTAL CODE

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

I am requesting the following:  Leave of Absence  Leave of Absence Extension

I am a(n):  Undergraduate Student  Graduate Student  
 Certificate Student  Non-degree Student

I am currently enrolled in the:  College of Arts & Sciences  Sawyer Business School

Are you currently registered for classes?  Yes  No

Have you attended class in the current semester/summer module?  Yes  No

Will you complete the current semester/summer module?  Yes  No

Expected return  Fall  Spring  Summer Year \_\_\_\_\_

Are you living in a University residence hall, leased property, or hotel?  Yes  No

If yes, where? \_\_\_\_\_

Are you an international student?  Yes  No

*If you are an international student with F-1 (I-20) or J-1 (DS-2019) visa status, an additional signature from the International Student Services Office, located at 73 Tremont Street, 9th floor, is required before you submit this form to the Student Affairs Office.*

I have advised this student about the consequences of taking a leave of absence from the University.

INTERNATIONAL STUDENT ADVISOR'S SIGNATURE

DATE (MONTH/DAY/YEAR)

**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.**

By signing this form, I acknowledge that I have read the information at [suffolk.edu/leaveofabsence](http://suffolk.edu/leaveofabsence) regarding a leave of absence. I understand that taking a leave of absence from the University may result in me owing money to Suffolk University for tuition or fees and may result in my student loans entering repayment.

STUDENT'S SIGNATURE

**OFFICE USE ONLY**

STUDENT AFFAIRS SIGNATURE

EFFECTIVE DATE OF LEAVE OF ABSENCE (MONTH/ DAY/YEAR)

CODE: \_\_\_\_\_

