



Your dreams. Our mission.

Office of Student Development

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19 Flagg Drive, Framingham, MA 01702
250 Eliot Street, Ashland, MA 01721

Phone (781) 239-3142
Phone (508) 270-4014
Phone (508) 230-3033

COLLEGE WITHDRAWAL / LEAVE OF ABSENCE FORM

Student ID Number (Required):
Last Name:
First Name: M. I.
Address: Street City State Zip Code
Phone
E-mail

I hereby (check one): Withdraw From College OR Take a Leave Of Absence and withdraw from all my courses after the first week of classes.

Effective Semester: Fall Spring Summer-I Summer-II Year

Reason (Please check all that apply):

Personal Family Medical Non-Attendance Disciplinary
Military Employment Opportunity Financial
Other (please explain)

I Will Return From Leave Of Absence: Fall Spring Summer-I Summer-II Year

OFFICE OF STUDENT DEVELOPMENT USE ONLY
Effective Date Of (check one)
Withdrawal:
Leave Of Absence:
Effective Date:
Student Left In Good Standing
Yes No
REFUND: TUITION FEES
100%
50%
25%
No Refund:
Initials/Date:
Registrar's Staff:
Date:

Signature of:

Student (Required) Date

Dean Of Students (Required) Date

Dean Of Division Of Health Science (Required if you are an Allied Health student) Date

Veteran's Affairs Representative (Required if you are a Veteran) Date

International Education Representative (Required if you are an International student) Date

Athletics Representative (Required if you are a MassBay Athlete) Date