



Registrar's Office  
 501 Crescent Street  
 New Haven, CT 06515-1355  
 Phone: 203-392-5301  
 Fax: 203-392-7144  
 Email: [Registrar@SouthernCT.edu](mailto:Registrar@SouthernCT.edu)  
 Web: [OneStop.SouthernCT.edu](http://OneStop.SouthernCT.edu)

## Leave of Absence (Graduate)

A fee of \$150.00 per semester (fall and spring only) will be assessed when tuition and fees have not been charged. For more information about a fee waiver request, please visit the [School of Graduate & Professional Studies](#).

Students who need to take time off from their studies, with the intention of returning, must submit this Leave of Absence form. Students may take a leave of absence for up to two consecutive semesters (12 months) without the need to reapply for admission when they return. Graduate students must complete all degree requirements within a six-year time frame and a leave of absence is counted as a part of that time period. Leave of absence requests are not retroactive and will not be accepted after the last day of the semester.

The leave of absence will be effective upon receipt of the form, or as indicated by the student if completing the semester, whichever is later. Billed charges and financial aid may be adjusted based on your effective date of withdrawal (see the One Stop website for the Tuition and Fee Refund Policy and the Financial Aid Freeze Policy). In addition, loans may enter repayment. Students who take a leave prior to the end of the 12th week of the semester will receive a grade(s) of W-Withdrawn; thereafter, students will receive grades as assigned by the instructors. Students who fail to return within the approved 12-month time frame will be withdrawn from the University. Students who attend another institution while on leave must obtain Transfer Credit Request approval in advance.

Note: After filing a Leave of Absence, students may file an [Appeal](#) to request an adjustment to their effective date of withdrawal due to unforeseen and extenuating circumstances that caused the student to cease attendance at an earlier date, or due to activation of military orders for a period more than 30 consecutive days.

### STUDENT INFORMATION

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason: \_\_\_\_\_

Anticipated Return Date: \_\_\_\_\_

Are you completing the current semester:                      Yes                      No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Students may [create a digital ID](#) using their SCSU email by clicking the signature block above, or the form may be accepted as an attachment from their SCSU email without a signature.*

### REGISTRAR'S OFFICE

Processed By: \_\_\_\_\_ Date Received: \_\_\_\_\_