



Registrar's Office
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New Haven, CT 06515-1355
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Fax: 203-392-7144
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Leave of Absence

Students who need to take time off from their studies with the intention of returning within 12 months may elect to take a leave of absence. Before submitting this form, please review this important [Leave of Absence information](#) to understand the impact on your academic and financial records.

Instructions: Submit this form to the Registrar's Office in the Wintergreen Building or to the email listed above.

STUDENT INFORMATION

Student ID: _____
Name: _____
Campus Email: _____
Reason: _____

Are you completing the current semester: Yes No

Anticipated Return Date: _____

Student Signature: _____ Date: _____

Note: Click the signature box above to sign digitally or you may submit the form from your campus email without a signature.

REGISTRAR'S OFFICE USE ONLY

Date Received: _____