

William James College One Wells Avenue | Newton, MA 02459 Tel: 617.327.6777 | Fax: 617.327.4447 | <u>www.williamjames.edu</u>

Medical Leave of Absence (Voluntary) Request Form Office of the Registrar

A Leave of Absence is a temporary interruption in a student's program of study and requires approval from the academic department chair. If the request for the leave is denied, the student may petition the Academic Policy and Standards Committee.

[A Financial Aid Leave of Absence may not be for more than 180 days by federal regulations. It is a separate form found online and must be approved by the Director of Financial Aid.]

Student ID #		Pe	ersonal email						-
Name					Date subm	itted	//		
Address(Stre			(City)			Stata)			
					(State)	(Ζ	ub)	
Cell Phone Numb	er								
I am Requesting	a Medical	Leave for the	e following Reason:						
•			ıme my matriculat						
Medical docume	ntation en	closed (A lette	er or letters from the	e treating	licensed heal	th care pr	ovider(s) must be att	tached.
Leave start	//	Anticipated	Return semeste	er □ fall	□ spring	□ summ	er	Year:	
			Dean of Students Offic					t) □ Financial	Aid
FOLLOW UP	Student	registered as rea	quired on//_		□ Stu	dent did not	t return	//	
En	nail: <u>regist</u>	<u>rar@williamja</u>	mes.edu Phone: 617-	327-6777 x	x 1525	Fax:	617-477-	-2030	

			Date://					
Student signature								
comments:								
		/ /			/ /			
epartment chair		Date	Financial aid officer (co	onfirmation of effective date)	Date			
rocessed Date:	//							
termination:								
Iave	□ Approve	ed.	□ Not Approved					
is request for a	a Voluntary Medical Leave	2						
epartment Chai	r's Comments							
-								
m in Agreeme	nt with the Department Ch	airs determinati	ion:					
-	_							
		_						
ıdent	Da	ite		Department Chair	Date			
tudent who does	not sign this agreement may app	eal to the APSC						
is form should be	filed with the Dean of Students of	and in the Student'.	s academic file)					
		Dean of Students		□ Admissions (Intl student)				
OLLOW UP	Student registered as req	juired on/_	/	□ Student did not return _	//			
E	mail: <u>registrar@williamjar</u>	<u>nes.edu</u> Phone	: 617-327-6777 x 1525	Fax: 617-477-2	2030			

Note: A student not returning from an Approved Voluntary Medical Leave of Absence will be administratively withdrawn from the institution. The withdrawal date will be retroactive to the leave start date.

Revised 12/02/2016