GRADUATE STUDENT PETITION FOR WAIVER OF CONTINUOUS REGISTRATION

Graduate Students who plan to be away from Regis College may not make use of any College resources (Library, Laboratories, Gymnasium, Health Services or Faculty Time) during their time away. Students who will be away for more than one semester must complete this Waiver of Continuous Registration.

REQUESTING TIME OFF FOR:  □ General Leave of Absence    □ Medical Leave of Absence

STUDENT INFORMATION:

Last Name ___________________________________ First Name _______________________________

Student ID Number ___________________________ E-mail ________________________________

Graduate Program: ________________________________

I hereby request a leave of absence/waiver of continuous registration requirement for the _____________________ semester(s).

By requesting this waiver, I affirm that I will not be making use of any Regis College resources or having regular contact with faculty for the above captioned time period. The resources include the library, the labs, the gymnasium, and Health Services.

Student signature: ___________________________ Date: _______________________

Program Director Signature: ______________________ Date: _____________________

Associate Dean of Graduate Affairs: ______________________ Date: ______________

Financial Aid\(^1\) (if applicable): ___________________________ Date: ______________

Please return completed form to:

The Office of Graduate Affairs
College Hall 229
235 Wellesley Street
Weston, MA 02493

FINAL ACTION TAKEN: □ Approved    □ Denied

\(^1\) Students who are receiving financial aid should meet with their aid counselor to discuss how their leave may affect funding.