REGIS COLLEGE
CENTER FOR STUDENT SERVICES
LEAVE OF ABSENCE REQUEST FORM

Name of Student _______________________________________________________________

Resident ________ Commuter ________ Class Year___________

Effective Date of Leave of Absence _____________________________________________

Reason leaving: Voluntary______ Medical ________ Mandatory______

________________________________________________________
Signature of Student __________________________ Date __________________

________________________________________________________
Signature of Director of Academic Advising __________________________ Date __________

________________________________________________________
Signature of Director of Community Health Services (Medical Leave) __________________________ Date __________

iPad Received:
Yes____ No____

________________________________________________________
Signature of ITS (CH 133) __________________________ Date __________________

________________________________________________________
Signature of Student Affairs Office (CH 215) __________________________ Date __________

________________________________________________________
Signature of Student Accounts (CH 221A) __________________________ Date __________

________________________________________________________
Signature of Financial Aid (CH 221A) __________________________ Date __________

________________________________________________________
Signature of Registrar (CH 221A) __________________________ Date __________

iPads must be returned to ITS, otherwise you will incur a fee.

In order to complete the formal withdrawal process, it is necessary that this form be checked by the Student Affairs, Student Accounts, Financial Aid and ITS and then delivered to the Center for Student Services (CH 221) for recordkeeping. No grades or transcripts can be released unless all financial obligations to the College are either paid in full or a satisfactory payment plan approved.