

Office of the Registrar University of Massachusetts Boston Campus Center, 4th Floor 100 Morrissey Boulevard Boston, Massachusetts 02125-3393 617-287-6200, Fax 617-287-6242 Email: readmit@umb.edu

www.umb.edu/registrar

## GRADUATE LEAVE OF ABSENCE REQUEST FORM

If you need to take time off from your graduate program and would like to request your degree time limit be extended, this form must be filled out and approved by Graduate Program Director and Dean of Graduate Studies. If a leave of absence is approved, the time limit for completing the degree will be extended accordingly. Please keep in mind that the \$225.00 program fee\* is required for each semester you are on your leave of absence. Upon receipt of the approved leave of absence form, you will be put on program fee status and you will be billed for the \$225.00 fee.\* If the form is submitted after the add/drop period, you will also need to complete a Readmission Application found on our forms page: https://www.umb.edu/registrar/forms.

Name: —				
UMass ID:	DOB:		Phone:	
Address:				
Email:				
Graduate Program:				
Semester(s) to be on Leave of Al	bsence: Fallyr.		Semester to Return	
Please state the reason you are	requesting a leave	of absence:		
Student Signature:			Date:	
Graduate Program Director Sign	nature:		Date:	
Graduate Program Director Nan	ne(printed):			
Dean of Graduate Studies' Appro	oval Signature:			
Registrar's Office Signature:			Date:	