

**Future Plans Form**  
**Leave of Absence or Withdrawal**

**CURRENT STUDENTS ONLY**

**If you will not be enrolling in the next semester, please complete this form and return it to the GSLIS Student Services Center, P-212, Simmons College, 300 The Fenway, Boston, MA 02115, email:GSLISHELP@simmons.edu, or fax: 617-521-3762.**

Name and ID no.: \_\_\_\_\_

Address: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Number of credits completed \_\_\_\_\_

**RETURNING STUDENTS** – If you are unsure of when you wish to return, please call 617-521-2814 when your plans are set so that your access to registration can be reactivated.

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**Leave of Absence**

My plans are to return for the following semester:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
year                      year                      year

**Important:** If you have registered for the next semester, please go onto AARC to cancel your registration.

(Contact Student Accounts at 617-521-2009 for refund or cancellation of financial aid.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Permanent Withdrawal**

\_\_\_\_\_ Please withdraw me from the Graduate School of Library and Information Science program.

(Check above)

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

personal email: \_\_\_\_\_