



SIMMONS COLLEGE  
 Office of the Registrar  
 300 The Fenway, Boston, MA 02115  
 Tel 617.521.2111 Fax 617.521.3144

## PETITION FOR UNDERGRADUATE LEAVE OF ABSENCE

Student Name: \_\_\_\_\_

Simmons ID #: \_\_\_\_\_

Address during Leave: \_\_\_\_\_

Email address and telephone number during Leave: \_\_\_\_\_

Request for Leave of Absence beginning \_\_\_\_\_ until \_\_\_\_\_

Request for Leave of Absence for current \_\_\_\_\_ or future \_\_\_\_\_ semester

If this LOA is for the **current** semester, indicate the last date you attended classes: \_\_\_\_\_

Reason for Leave of Absence: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**\*\* It is highly recommended that you hand-deliver this form to the Office of the Dean for Student Life (C-211) to make an appointment to discuss your plans. \*\***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Signatures of Approval

Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Dean for Student Life: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_

Your Leave of Absence has been \_\_\_\_\_. Unless otherwise indicated, the Leave is effective as of the last date of class attendance. Please contact the Office of the Registrar if you wish to return early or extend your Leave beyond the date indicated above. If you plan to take coursework at another college during your leave, a Petition for Transfer Credit should be submitted. If appropriate, contact the Offices of Residence Life and Financial Aid well in advance of your planned return.

Signed: \_\_\_\_\_

Office of the Registrar