



**Office of the Registrar**  
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**UNDERGRADUATE**

**EXTENSION OF LEAVE OF ABSENCE**

**Policy Regarding Extension of Leave of Absence**

- This form may be used by undergraduate students who are on an approved leave of absence.
- A leave of absence, including extensions, is not given for more than two years. This maximum two year period applies even when the sessions of leave are not consecutive.
- A student who does not enroll by the end of the leave of absence is considered to have voluntarily withdrawn from the University.

**All information is required to process this request.**

**Student Information (To be completed by the student)**

_____			
Last Name	First Name	Initial	
_____			
Street Address	City	State	Postal Code
_____			
(_____)	_____		
Preferred Contact Phone Number	Student Identification Number		

**Student Certification**

I affirm that I have read the policy outlined above and am requesting an extension of my approved leave of absence.

_____	
Signature of Student	Date

**Administrative Certification (To be completed by the Office of Retention and Advising)**

An extension of the previously approved leave of absence for this student is approved. The student must return by the following semester/session:

Semester/Session:     Fall                       Summer I  
                                    Spring                       Summer II                      |    Year: 20\_\_ \_\_

- The student has permission for automatic reactivation
- The student must present a Reactivation Form to the Office of Retention and Advising

_____	
Office of Retention and Advising	Date

**Office Use Only**

Form Received: \_\_\_\_/\_\_\_\_/\_\_\_\_    Leave of Absence Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_    By: \_\_\_\_\_