



Office of the Registrar
160 Herrick Road, Newton Centre, MA 02459
617-559-8642 (phone) 617-559-8825 (fax)

PETITION FOR LEAVE OF ABSENCE

One Semester per Form

Matriculated students are required to be enrolled each semester until they receive their degree. The following categories carry no academic credit. You may petition for a leave of only one semester at a time. A fee may be required to process this form and must be enclosed with the petition.

Leave of Absence (LV100) FEE REQUIRED: \$120 (leave is for one semester only)

Leave of absence is appropriate when the matriculating student in good standing requires leave for personal, professional or other legitimate reasons before all coursework for a degree has been completed. Students may not take more than one year in total Leaves of Absence during their degree program.

Leave of Absence for Medical Reasons: (LV101MED) (No fee required)

Please include a letter from your physician.

Thesis/Paper Writing Status (LV102THS) FEE REQUIRED: \$120 (leave is for one semester only)

Thesis/paper writing status is appropriate when all coursework is completed and the matriculating student is engaged in an approved writing project (thesis). (Leave is for one semester only)

Continuation of Candidacy (LV105CAN) NO FEE REQUIRED

Continuation of candidacy is appropriate when the matriculating student has completed all of the coursework for a degree including thesis and is awaiting the next commencement.

Students are required to obtain the signatures of their academic adviser or the Dean of their program. Once completed, please return this form to the Registrar's office. *Please note:* Taking leave may change any financial aid you have been awarded for the year. Please speak to the Student Financial Aid Office if you have any questions.

Date _____ Student ID _____ OR Social Security Number _____

Name (last, first, MI) _____

Address _____

City _____ State _____ Zipcode _____

I will be taking Leave for the following semester: Summer Fall Spring (*request may cover one semester only*)
Degree Program: _____

Type of leave: Leave of Absence (Requires \$120 Fee)
 Thesis/Paper Writing Status (Requires \$120 Fee)
 Continuation of Candidacy (no fee required)
 Leave of Absence for Medical Reasons: Physician's letter required. (No fee required)

Student's Signature: _____ DATE: _____

Adviser or Dean's Signature: _____ DATE: _____

Please return form to: Registrar's Office, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459

PAYMENT: You may pay by check or credit card (*There is a 4% processing fee for credit card payments*):

- I am paying by check. (Enclosed Check is payable to HEBREW COLLEGE in US Dollars)
- I am paying by credit card: MasterCard Visa Card

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____