



Office of the Registrar  
160 Herrick Road, Room 313, Newton Centre, MA 02459  
617-559-8642 (phone) 617-559-8825 (fax)

## PETITION FOR LEAVE OF ABSENCE

Matriculated students are required to be enrolled each semester until they receive their degree, although they may take an approved Leave of Absence for up to two semesters during their degree program. The following categories carry no academic credit.

### Leave of Absence -- FEE REQUIRED: \$120 per semester

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 -- NO FEE REQUIRED

Please include a letter from your physician.

### Thesis/Paper Writing Status -- FEE REQUIRED: \$120 per semester

Thesis/paper writing status is appropriate when all coursework is completed, including the Graduate Research Seminar, and the matriculating student is engaged in an approved writing project (thesis).

### Continuation of Candidacy -- 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. *Please note:* Taking leave may change any financial aid you have been awarded for the year. Please speak to the Director of Financial Aid if you have any questions.

Date \_\_\_\_\_ Student ID # \_\_\_\_\_

Name (last, first, MI) \_\_\_\_\_

I will be taking Leave for the following semester(s):  Fall  Spring (check ALL that apply)

Degree Program: \_\_\_\_\_

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

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

Adviser or Dean's Signature: \_\_\_\_\_

Please return form to the Registrar's Office at the address above, or via email to [registrar@hebrewcollege.edu](mailto:registrar@hebrewcollege.edu).

**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

**If you are sending this form electronically, please do not include your credit card information and instead reach out to student accounts coordinator, Susie Kwan, at [skwan@hebrewcollege.edu](mailto:skwan@hebrewcollege.edu), to arrange payment over the phone.**

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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