

Leave of Absence/Withdrawal

Registrar's Office
 1000 Massachusetts Avenue
 Cambridge, MA 02138
 Phone: 617.873.0101
 Fax: 617.349.3560

This form must be submitted to Registrar to receive any reduction of tuition liability.

Financial aid exit counseling required.

Student ID# _____

Your Cambridge College Location

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Southern California |
| <input type="checkbox"/> Lawrence | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Memphis | <input type="checkbox"/> Virginia |

Student contact information

Last name _____ First name _____ Middle name _____

Phone cell _____
 home (_____) _____ Work Phone / ext. (_____) _____

My leave / withdrawal

Effective date _____

- Reason: Family Medical Personal Academic
 MTEL Maternity Financial Work
 Military Service Classes I need not offered

TEMPORARY LEAVE of absence for:
 Fall Spring Summer Year: _____

WITHDRAW permanently from Cambridge College
 Transfer to another institution
 Reason for transfer _____

Moving Other _____

Discuss plans with your academic advisor/professional seminar leader.

Contact Bursar and Financial Aid Offices to determine if a refund is due or if tuition payment must be made. ***Students are responsible for any financial aid funds that are cancelled, including any refunds already received.***

See leave/withdrawal policies

Academic – in the Academic Catalog, see Charting Your Path.

Bursar – in the Academic Catalog, see Refunds and Repayment.

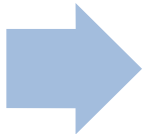
Financial Aid – www.cambridgecollege.edu/federal-financial-aid-student-withdrawals-and-leave-absence

By signing, I acknowledge that I understand the relevant policies and the effect of my leave/withdrawal on my financial aid and tuition liability, and still request to drop/withdraw from all courses and leave the College (temporarily or permanently). I understand that I must participate in financial aid exit counseling.

Student signature
on paper printout _____

Date _____

Submit completed form to:



Registrar's Office
 Cambridge College
 1000 Massachusetts Avenue
 Cambridge, MA 02138

Or fax to: 617.349.3560

List here the courses to DROP/WITHDRAW from NOW.

Course # / Section e.g. WRT101 CA01	COURSE TITLE	Instructor