

LEAVE OF ABSENCE FORM



Name and Class Year: _____

I am requesting a voluntary leave of absence for the following semester(s): _____.

Normally, the College will not accept applications for readmission until a full semester, in addition to the semester in which the student has withdrawn, has passed.

The semester in which I hope to return to Swarthmore is _____.

The reason(s) for which I am taking a leave of absence is (please check all that apply):

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Academic | |

In deciding to take a leave of absence, I consulted with (please check all that apply):

- Dean: _____
- My academic advisers (Juniors and seniors should consult with their advisers.)
- Asst. Dean and Director of the International Student Center (Jennifer Marks-Gold)
- Financial Aid Office
- Other: _____

If you receive financial aid, then you should to consult with the Financial Aid Office before taking a leave of absence. If you are a DACA, undocumented or international student, then you should to consult with the Assistant Dean and Director of the International Student Center before taking a leave of absence. You should also consult with your health insurance provider(s) prior to taking a leave of absence, to learn about any insurance implications of a change in student status.

I have reviewed the Re-admission Checklist and I understand the process for seeking return to Swarthmore following my leave of absence.

Student signature & date

Dean signature & date