



# Cambridge College - Admissions

Cambridge - 1000 Massachusetts Avenue - Cambridge, MA 02138 (800)877-4723  
Springfield - 570 Cottage Street - Springfield, MA 01104 (800)829-4723  
[Contact Us](#)

## NOTIFICATION LEAVE OF ABSENCE/WITHDRAW

**Please PRINT this form and complete fully ( Please write clearly)**

1000 Massachusetts Ave, Cambridge, MA USA 02138  570 Cottage St, Springfield, MA 01104

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address (Street & Apt. No.) \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Home Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Professional/General Studies/Seminar Leader: \_\_\_\_\_

\_\_\_\_\_ I wish to WITHDRAW PERMANENTLY from Cambridge College effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

\_\_\_\_\_ I plan to take a TEMPORARY LEAVE OF ABSENCE FOR:

Summer 20\_\_\_\_  Fall 20\_\_\_\_  Spring 20\_\_\_\_

effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

**Reason (s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you plan to WITHDRAW or take temporary LEAVE OF ABSENCE from the College, please complete the following steps:

- DISCUSS the plan with your PROFESSIONAL/GENERAL STUDIES SEMINAR LEASER
- RETURN this completed form to the REGISTRAR'S OFFICE
- CONTACT the BUSINESS OFFICE/FINANCIAL AID OFFICE to determine if a refund is due

or if a tuition payment must still be made.

FINAL APPROVAL OF A LEAVE OF ABSENCE OR WITHDRAWAL CAN ONLY BE MADE IF A STUDENT HAS CLEARED HIS/HER ACCOUNT WITH THE BUSINESS AND/OR FINANCIAL AID OFFICE. IF A STUDENT WITHDRAWS/LEAVES THE PROGRAM **BEFORE** THE SECOND SEMINAR MEETING, HE/SHE IS LIABLE FOR 25% OF THE SEMESTER TUITION BILL. HE/SHE IS LIABLE FOR 50% BEFORE THE THIRD SEMINAR; AND HE/SHE IS LIABLE FOR 100% **AFTER** THE THIRD SEMINAR OF THE SEMESTER TUITION, NO TUITION REFUNDS ARE GIVEN AFTER THE THIRD SEMINAR

**After printing and filling out this form, send by fax or mail**

**OFFICE OF THE REGISTRAR  
1000 Massachusetts Avenue  
Cambridge, MA USA 02138-5304  
FAX: (617) 349-3560**

For Office Use Only: Effective Withdrawal/Leave Date: \_\_\_\_\_

No. of Semesters complete: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Refund Due, if applicable: \_\_\_\_\_