

Notification of Leave of Absence/Intent to Withdraw

Please complete all sections of this form. Incomplete forms will not be accepted. If completing by hand, please write NEATLY.

Today's da	ate:/	/20	Cambridge College ID#:	
			Personal Information	
First nam	e:		Last name:	
Personal e	email address:			
Mailing ad	ddress:			
City:			State/Provinc	e/Territory:
Zip code:			Country:	
Telephone	e number, with	country code		
			Program Information	
Please sel	ect your camp	ıs: F	Please select your level of study:	Please select your major:
 Cambridge, MA Springfield, MA Merrimack Valley, MA 			Undergraduate Graduate	 Human Services Multidisciplinary Studies Education Counseling/Psychology Management
Profession	nal/General St	udies/Semina	r Leader:	
□ I wish to Do you wi	o take a TEMP o WITHDRAW ish to drop/wit	ORARY LEAV PERMANEN hdraw from a	TLY from Cambridge College effe	Fall 20 🗆 Spring 20
Course Name	Course Number	Title of Course		
			/will be:/20	
Reason(s)):			
Signature	:			Date:/20

International Student Leave of Absence/Withdrawal • 11 December • page 1

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

- 1. Discuss the plan with your **Professional/General Studies/Seminar Leader**.
- 2. Contact the **Bursar's Office** to confirm that you do not have a balance on your account.
- 3. Contact the **International Student Office** to discuss your situation, your options for returning to school in the future, and your responsibilities as an F1 student.
- 4. Complete this form and return it to the International Student Office.

Note: If you are unable to take these steps prior to departing the U.S., please be aware that you MUST complete them from your home country.

Final approval of a Leave of Absence or Withdrawal can only be made if a student has cleared his/her account with the Business Office.

If you withdraw/take a leave of absence from your program **prior to the term start-date**, you do not have to pay tuition for that term. **AFTER the term start-date**, you are liable for the following tuition payments: <u>If you withdraw before</u>: <u>You must pay</u>:

> Second seminar meeting......25% tuition bill Third seminar meeting......50% tuition bill

NO TUITION FEFUNDS ARE GIVEN AFTER THE THIRD SEMINAR MEETING.

Please send completed form to the International Student Office in Cambridge, MA.

Mailing address:	Email:	
1000 Massachusetts Ave. Room 318 Cambridge, MA 01238	International@CambridgeCollege.edu	
	For Office Use Only	
International Student Office:		
Date received:/20	.0	
Action in SEVIS taken:/	//20	
□ Action taken in SEVIS:		
□ No action taken because	e:	
Notes:		
Form completed by:	Date:/_	/20
Registrar's Office: Processed:	/20by(initials)	
Bursar's Office: Form received	d by the Bursar's Office:/20	
Balance Due:	Refund due (if applicable):	
Student conta	acted regarding balance/refund:/20 by	(initials)