

Future Plans Form: Leave of Absence or Withdrawal

CURRENT STUDENTS ONLY

If you will not be enrolling in the next semester, please complete this form and return it to the GSLIS Student Services Center, P-212, Simmons College, 300 The Fenway, Boston, MA 02115, email:GSLISHELP@simmons.edu, or fax: 617-521-3762.

Name and Student ID no.: _____

Address: _____

Program _____ Faculty Advisor: _____ Number of credits completed _____

RETURNING STUDENTS – If you are unsure of when you wish to return, please call 617-521-2814 when your plans are set so that your access to registration can be reactivated.

Leave of Absence

My plans are to return for the following semester:

Fall _____ Spring _____ Summer _____
year year year

Important: If you have registered for the next semester, please go onto AARC to cancel your registration.

(Contact Student Accounts at 617-521-2009 for refund or cancellation of financial aid.)

Signature: _____ Date: _____

Permanent Withdrawal

(Check above) Please withdraw me from the Graduate School of Library and Information Science program.

Reason: _____

Signature: _____ Student ID no. _____ Date: _____

Program _____ personal email: _____