

Non-Medical Leave of Absence Form

Note: All medical leaves of absences must be requested through the Dean of Students Office in Park Hall.

Name: _____ Class: _____ Date: _____

Wheaton ID#: _____ Phone #: _____

Faculty Advisor/ SSA: _____ Alternate e-mail: _____

Semester(s) on leave: _____ Anticipated return: _____

Reason(s) for requesting leave of absence: _____

Goals while on leave: _____

Mailing address if different from address on record at Wheaton.

Required Leave of Absence Signatures:

Student

Academic Dean

*Please note a meeting with the Dean of Advising or designated staff member is required before the leave is effective.

cc. Student
Registrar
Academic Advising
Student Financial Services
Faculty advisor

Return to:
Filene Center for Academic Success
Wheaton College
Kollett Hall
26 East Main Street
Norton, MA 02766
advising@wheatoncollege.edu