



Fisher College Leave Of Absence

Leave of Absence Policy

During your time at Fisher College, you may have a medical, psychological, or personal situation that impacts your ability to complete your studies successfully. In these situations you may apply for a leave of absence. A leave of absence will result in withdrawal from current semester classes but will not result in withdrawal from the college. You can remain in this status for up to two years (four day school semesters, eight DAPS or Graduate School terms). To apply for a leave of absence, you must contact Dean Nancy Pithis to obtain the complete instructions. When ready to return, you must again contact Dean Pithis to file the return request form and provide appropriate documentation to establish your ability to return to the college. Students may apply for a leave of absence at any time during a term or semester and no later than 4:00PM on the last day of the term or semester.

Short -Term Medical Condition

If a student will miss more than the permissible absences for courses due to a documented medical condition, the student should contact the Assistant Dean of Academic Services and Retention, who will review the student's request. If the student's medical condition prevents him or her from attending classes for more than two consecutive weeks, the student should apply for a medical leave of absence.

LEAVE OF ABSENCE INSTRUCTIONS

Students may apply for a leave of absence at any time during a term or semester and no later than 4pm on the last day of the term or semester.

1. Identify the reason(s) you would like to take a leave. You may identify the reasons in a letter or in person with the Administrator of the Leave Policy.
2. Complete and sign all required documents
3. Submit all of the above information to:

Dean Nancy Pithis
Fisher College
118 Beacon Street
Boston, MA 02116
Npithis@fisher.edu
Phone: 617-236-8814

Fisher College Leave of Absence Terms and Conditions

Carefully read the following terms and acknowledge each statement by initialing each numbered item and signing your name at the bottom:

1. ____ I will discuss all course requirements affected by this Leave with my academic advisor. When I return, I will continue to follow the original degree requirements under which I was admitted unless there were substantive changes that occurred during my leave.
2. ____ If I am requesting a Leave for medical reasons, I must provide a letter from a health care provider outlining the nature of the illness. Additional approval from Fisher College counseling and/or nursing services may be required. Letters will be held confidentially.
3. ____ I will meet with the College Bursar to arrange for suitable payment of any outstanding balance on my account. Please refer to the school Refund Policy for credits that may be due to you. For medical withdrawals: Day Division students who have purchased Tuition Refund Insurance should contact the Plan Administrator in the Bursar's Office (617-236-5400) to determine your eligibility for benefits.
4. ____ I am aware that a leave of absence for personal or medical reasons does not exempt me from having to repay college loans. I am also aware that I am obligated to adhere to all deadlines for future financial aid applications. If you receive financial aid, please contact the Director of Financial Aid (617-236-8821) to discuss your status.
5. ____ If I live in a residence hall, I will contact the Housing Office (617-236-5423) regarding the change in my residential status. I understand that taking a personal or medical leave means that my ability to live on campus will be determined by the availability of rooms at the time I become reinstated. If you would like to live in college housing upon your return, you must adhere to payment and registration deadlines set by the housing office.
6. ____ I must notify the Dean of my return three to six weeks prior to registration so that I will be reactivated in the system. I must complete the appropriate Return from Leave of Absence form and return it to the Dean at 118 Beacon Street, Boston, MA 02116 or fax it to 617-670-4466. This form is available on the Fisher College web site.
7. ____ I must also contact my academic advisor at least three weeks prior to my registration date for the semester or term of my return so I can be advised for registration. I am aware that my leave of absence may affect my ability to pre-register for the semester or term of my return.
8. ____ If I am not a United States citizen, I must contact the international student advisor in the Center for International Programs and Services to go over the status and requirements pertaining to my matriculation while on leave from the college.

I have read and understand the terms pertaining to my Leave of Absence request.

Student's Name (please print) _____ Date _____

Student's Signature _____

(Your request will be considered invalid without a letter, a complete form, and your signature)