

Office of the Registrar  
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Policy Regarding Extension of Leave of Absence

This form may be used by undergraduate students who are on an approved leave of absence.  
A leave of absence, including extensions, is not given for more than two years. This maximum two year period applies even when the sessions of leave are not consecutive.  
A student who does not enroll by the end of the leave of absence is considered to have voluntarily withdrawn from the University.

All information is required to process this request.  
Student Information (To be completed by the student)

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|           |            |         |
|-----------|------------|---------|
| Last Name | First Name | Initial |
|-----------|------------|---------|

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|                                |                               |       |     |
|--------------------------------|-------------------------------|-------|-----|
| Street Address                 | City                          | State | Zip |
| Preferred Contact Phone Number | Student Identification Number |       |     |

Student Certification

I affirm that I have read the policy outlined above and am requesting an extension of my approved leave of absence.

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|                      |      |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|