

OFFICIAL LEAVE OF ABSENCE REQUEST

Please PRINT the following:

Student Name: _____	Cortland ID Number: <u>C00-</u> _____
Permanent Address: _____	Telephone Number: _____
City: _____ State: _____ Zip: _____	E-mail: _____
Degree: <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> BS <input type="checkbox"/> BSED	Major: _____

Please read and complete all steps below.

1. **Associate Dean approval is REQUIRED.**

2. A **LEAVE of ABSENCE** is for a specific period of time and may be granted to a student in "good academic standing," not subject to academic dismissal or probation. A student applying for a Leave of Absence must give a definite semester of return for re-registering at SUNY Cortland and **MUST** re-register within one academic year from the date of the leave. A student not re-registering within the specified time will be classified as an official withdrawal and must apply for readmission to the College. See the College Catalog for more detail.

3. **Financial obligations:** Pursuant to New York State law (302.1, Title 8), students with outstanding financial obligations to the College are denied transcript service, readmission, registration and other college services. Financial Liability will be based on the "effective date" of the leave of absence.

4. **Grades:** A grade of "W" will be assigned to each course during the semester in which the student leaves or withdraws from SUNY Cortland, unless a "quarter course" grade has been previously assigned.

5. **Reason(s) you are applying for a Leave from SUNY Cortland:** _____

6. **Semester you are planning to return:** Fall 20____ Spring 20____ Summer 20____

7. **Financial Aid:** It is in the student's best interest to meet with a Financial Aid Counselor before leaving SUNY Cortland. Check one of the statements:
 I have met with a Financial Aid Counselor I choose **not** to meet with a Financial Aid Counselor

8. **Comments:** _____

9. **Student Signature:** _____ Date: _____

Associate Dean Signature: _____ Date: _____

LEAVE of ABSENCE: Approved Denied "MEDICAL" Leave of Absence recommended: Yes No

Effective Date of Leave: _____ Hold for end of semester: Yes No

To be completed by the Financial Advisement Office IF "MEDICAL LEAVE" is recommended.

Process as: Regular Medical Director's Signature: _____ Effective Date: _____