

Official Leave of Absence Request



Student Name: _____

Cortland ID Number: _____

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		
	<input type="checkbox"/> MA	<input type="checkbox"/> MAT	<input type="checkbox"/> MS	<input type="checkbox"/> MST	<input type="checkbox"/> MSED	<input type="checkbox"/> CAS

Major: _____

Have you applied to graduate? Yes No

Associate Dean approval is REQUIRED. Please read and complete all steps below.

1. 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.
2. 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 Signature** _____ Date: _____ or No Financial Aid
Students receiving financial aid, including loans, are REQUIRED to meet with a financial aid counselor before beginning a leave of absence.

8. **International Programs Signature:** _____ Date: _____
Exchange students/students attending study aboard programs are REQUIRED to meet with the International Programs Office before beginning a leave of absence.

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 term: Yes No