



SUNY Cortland Registrar's Office  
223 Miller Building  
PO Box 2000  
Cortland, NY 13045-0900  
607-753-4702 | registrar@cortland.edu

## CURRENT STUDENTS

# Official Medical Leave of Absence or Withdrawal

**Important Policy Information:** Student Health Services or Counseling Center approval is required. Students are required to work directly with Student Health Services or the Counseling Center to obtain approval. If you have documentation from a practitioner, please provide it to Student Health Services or the Counseling Center. You will not provide medical documentation to the Registrar's Office. Students are strongly advised to meet with their academic advisor, financial aid advisor, and associate dean to discuss returning to the College and to develop an academic plan. Students must review the aid and billing policies to determine their tuition liability.

**Returning to SUNY Cortland:** Students may have to meet criteria outlined by Student Health Services or the Counseling Center to return to campus. At minimum, all students who accept a leave of absence must provide written documentation from a licensed medical or mental health provider that states that you have been treated for the condition which required your medical leave and that you are ready to return to college. Please check with the proper department for specifics. Students seeking a leave of absence will not need to formally readmit through the Registrar's Office if they are returning within one academic year. Students withdrawing will be required to formally readmit through the Registrar's Office if they choose to return.

**Denials:** If a medical leave is not approved, the student will be required to complete the standard leave of absence or withdrawal process.

Petition Type: ☐ Leave of Absence (Returning Within One Year) ☐ Withdrawal (Not Returning Within One Year / Not Returning)

Student Name: \_\_\_\_\_ Cortland ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major / Program: \_\_\_\_\_ School: ☐ Arts & Sciences ☐ Education ☐ Professional Studies

Have you applied to graduate? ☐ Yes ☐ No Are you currently registered for classes at Cortland? ☐ Yes ☐ No

**Leave of Absence Only:** Semester you are planning to return to Cortland: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_ or ☐ No Aid

Students receiving financial aid, including loans, are required to meet with a financial aid advisor.

International Programs Signature (If Applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Exchange students/students attending study abroad programs are required to meet with the International Programs Office.

Student Comments (Optional): \_\_\_\_\_

**This form will be shared with other College officials where required. Please do not include sensitive or protected medical information on this form or within comments. Additional documentation may be provided directly to Student Health Services or the Counseling Center as needed.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In a medical emergency, or when a student is unable, a College medical official may provide a signature in absentia with a valid, documented request.

### Health Official Approval

Student Health Services or the Counseling Center will provide a signature only when the petition is approved. The effective date of leave will be the approval signature date, unless otherwise specified. The Registrar's Office will not process a leave/withdrawal until this form is received with approval.

☐ Approved ☐ Not Approved (No Signature Required)

Recommended Leave Date Effective \_\_\_\_\_

Based on documentation, required only if different from the approval signature date.

Student Health Services or  
Counseling Center Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Health Services or  
Counseling Center Comments (Optional): \_\_\_\_\_

**Student:** Please return this form to the Registrar's Office (Miller 223) only after approval signatures are received from the appropriate offices.

Office Use Only: Routing (As Required): ☐ Associate Dean ☐ Accounts ☐ Financial Aid ☐ Residential Life ☐ Student Record ☐ ASC