



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.

<b>Health Official Approval</b>	
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.	
<input type="checkbox"/> Approved	<input type="checkbox"/> 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