

# 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	Major: _____
<input type="checkbox"/> MA <input type="checkbox"/> MAT <input type="checkbox"/> MS <input type="checkbox"/> MST <input type="checkbox"/> MSED <input type="checkbox"/> CAS	Have you applied to graduate? <input type="checkbox"/> Yes <input type="checkbox"/> 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 abroad 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

*To be completed by the Financial Aid Office if medical leave is recommended:*

Process as:  Standard  Medical Director's Signature: \_\_\_\_\_ Effective Date: \_\_\_\_\_