

State University of New York College at Cortland

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	<i>Cortland ID Number</i>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone</i>	<i>Work Telephone</i>		<i>E-mail Address</i>
<i>Program/Degree (CAS, MA, MAT, MS, MSED, MST)</i>		<i>Major</i>	<i>Concentration (if applicable)</i>

OFFICIAL LEAVE of ABSENCE REQUEST

Director of Graduate Studies Approval is REQUIRED

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.

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. 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.

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

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

I understand it is in my best interest to meet with a Financial Aid Counselor before leaving SUNY Cortland.

I have met with a Financial Aid Counselor I choose **not** to meet with a Financial Aid Counselor

Student Signature _____ *Date* _____

To be completed and signed by the Director of Graduate Studies: _____ *Date* _____

LEAVE of ABSENCE: Approved Denied "MEDICAL" Leave of Absence recommended? YES NO

To be completed by the Financial Aid Office IF "MEDICAL LEAVE" is recommended above:

Process as: REGULAR MEDICAL *Director's Signature* _____ *EFFECTIVE date* _____

Effective Date of Leave of Absence: _____

DISTRIBUTION of Copies: _____ Student _____ Department _____ Registrar _____ Bursar _____ Financial Aid