

LEAVE OF ABSENCE/WITHDRAWAL FROM COLLEGE

Matriculated Undergraduate Students ONLY

Graduate and Continuing Education students should not use this form.

Name (please print): _____ ID# _____
First MI Last

Permanent Address: _____ Local Address: _____
Street Address

City State Zip

Current Major: _____ DOB _____

Please read carefully:

Submitting this form after the Course Withdrawal Period has begun will result in you receiving “W” grades for your classes. The Academic Calendar lists the date that Course Withdrawal begins each semester.

If you do not intend to return to SUNY New Paltz or are planning more than two semesters away, check option (1) WITHDRAWAL FROM COLLEGE. You will then have to apply for readmission in order to return. In this case, you may be subject to updated general education, major and degree requirements. Courses taken at another institution do not need prior approval but will be evaluated for possible transfer credit at the time of readmission. **Readmission is not guaranteed and is subject to the admission criteria in place at the time you reapply.**

If you intend to return to SUNY New Paltz within two semesters and want to preserve registration privileges, you should file a LEAVE OF ABSENCE and check option (2). A leave of absence may be taken for a *maximum* of two consecutive semesters (if you are leaving during the current semester, it counts as one of the two). You must receive prior approval for any course(s) taken at another institution while on leave by completing a *Transfer of Credit Application*. If you are planning to live on campus upon your return, you **MUST** contact Residence Life, (845) 257-4444, by May 1st for the Fall semester and by December 1st for the Spring semester. **If you do not return to SUNY New Paltz within the stated time period, you will automatically be withdrawn from the college and will need to reapply through the Office of Admissions if you wish to return.**

Students taking a Leave of Absence for medical and/or psychological reasons must receive clearance from the appropriate office(s) prior to returning. This documentation must address the diagnosis, prognosis and treatment plan for the semester of return. Additionally, the Director of the Student Psychological Counseling Center may require a student to participate in a psychological or mental health evaluation and the Director of the Student Health Services may require a student to participate in a medical evaluation to determine whether: 1) the student’s behavior poses a threat to the safety of the student or others, and the nature, duration and severity of the risk; 2) the threat to safety would continue if the student remains in college and/or in the residence halls; 3) the student’s needs for psychological and/or medical treatment exceeds the services at the college. In cases where the college’s services do not meet the needs of the student, clearance may not be granted until enrollment is secured in appropriate off campus treatment resources. **Students submitting a Leave of Absence for psychological reasons for the current semester, after the last day for course withdrawal for that semester (the Academic Calendar will list this date), will not be allowed to return for the next semester, but instead will be required to remain away from the college for two consecutive semesters, including the current semester.**

Please check the appropriate request, secure the applicable signatures AND provide a brief explanation for your request on the reverse side of this form.

1 - WITHDRAWAL FROM COLLEGE Effective date: _____

2 - LEAVE OF ABSENCE for: Spring _____ Fall _____

Semester returning _____

I certify that I understand the conditions of this request.

Student's Signature _____ Date _____

