

GRADUATE LEAVE OF ABSENCE (or) WITHDRAWAL FROM COLLEGE

Return completed form to Graduate, Professional & Interdisciplinary Studies (Old Main 127) or Email: gradstudies@newpaltz.edu

Name			Date	
Email Address			Student ID	N
Program of Study			Advisor	
Leave of Absence A leave of absence is permission to be absent from the college temporarily, whether it is for medical, financial, or personal reasons. You must submit written notification to your academic advisor if you intend to take a leave of absence from your graduate program of study. You must also complete the first option below "Leave of Absence" or other relevant section and submit this form to the Graduate Program Director. If your requested leave coincides with your current registration, you must withdraw from your courses. If your leave extends beyond two consecutive semesters, please read the section below. Financial Implications You may lose your eligibility for Financial Aid! Under state		cides with your current draw from your course(s). It is see for the dates you can and without payment. It is assistance and/or that of u are withdrawing from a red deadline. Be informed from your transcript for the drop. No record of your transcript if you drop our transcript if you drop ourse change period. Official course change ith a W on your transcript.	Withdraw If you do not i Paltz or are pl semesters aw "Withdrawal f option means you later deci SUNY New Pal be subject to requirements SUNY New Pal to admissions apply.	_
semester in which they receive a TAP award may not be a federal money (i.e.: Stafford, Pell, Perkins, SEOG) may inc	•			deral regulations, students who receive
All students, whether or not they	receive aid, must obtain d	a signature from the Offi	ce of Student A	Accounts, WH 114
Future federal Financial Aid may be affected by excessive 'may have on your progress toward the degree. Students for an exit interview.	•	,		
Leave of Absence		Withdrawal f	rom College	•
Term of Leave: Term of Re				I am planning more than two consecutive terms irn to the college, I must re-apply for admission.
Student Signature		Student Signature		
	Date	<u> </u>		Date
Briefly describe your reason for requesti Required Approvals				
It is the student's responsibility to obtain the required app	rovais below prior to bringin		e, Projessionai 8	interalsciplinary Studies.
Program Approval Advisor or Program Coordinator (REQUIRED)	Date	International Programs If Applicable		Date
Residence Life		Last Date in Residence		
If Applicable	Date	If Applicable		
Request Approved Request De	enied			
Graduate Dean		Student Accounts		
(REQUIRED)	Date	(REQUIRED)		Date