

Please return completed form to the Office of Records & Registration

COMPLETE THIS FORM, provide a brief explanation for this request and secure all applicable signatures.

Information about policies and procedures for leave of absence can be found in the undergraduate catalog www.newpaltz.edu/ugc/policies/policies_leave.html.

Please PRINT ALL INFORMATION:

First Name	Last	MI	Student ID
			Current Major: _____
			E-mail
Street		Apt. No.	() _____
			Telephone Number
City	State	Zip Code	

LEAVE OF ABSENCE

If you intend to return to SUNY New Paltz within two semesters and want to preserve registration privileges, you should request a LEAVE OF ABSENCE. 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 and Course Articulation form*. 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 **If you do not return to SUNY New Paltz within the stated time period, you will automatically be withdrawn from the college and will need to reapply through the Office of Admissions if you wish to return.**

EFFECTIVE DATE OF LEAVE OF ABSENCE: _____ RETURN DATE: _____

- SELECT REASON FOR LEAVE OF ABSENCE:** Academic Research Psychological
 Administrative Leave Employment Financial Housing Maternity/Paternity Medical Judicial
 Military Personal/Family Educational Leave Temporary Transition/Study Abroad Other _____

Briefly describe your reason for requesting a leave of absence:

(OVER)

Please read and acknowledge the following: Submitting this form after the course withdrawal period has begun will result in a "W" grade for your classes unless a grade has already been awarded.

The New Paltz transcript will include a notation for the leave of absence.

Federal Aid may be adjusted based on the percentage of the semester completed, possibly resulting in a balance being owed to the College. This is known as a Title IV Recalculation. Future federal aid may be affected by excessive "W" grades. Consult with the Financial Aid Office, WH 124, for detailed information on the effect of your leave or withdrawal on your progress towards degree and aid eligibility. Direct Loan borrowers must complete exit counseling with the Financial Aid Office or online at studentloans.gov.

Excelsior Scholarship recipients may lose eligibility for the current or future semesters, depending on the timing and circumstances of the leave. Consult the Financial Aid Office for additional information.

Students who receive support from the Tuition Assistance Program (TAP) should contact the Office of Student Accounts to determine the financial impact of the Leave of Absence.

Student's Full Name

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Student ID

Obtain all applicable signature before returning this form:

Educational Opportunity Participant

Signature of EOP Advisor

Date

On Campus Resident Student Last date in residence: _____

Signature of Director of Residence Life

Date

International Student

Signature of International Advisor

Date

All students, whether or not they receive aid, must obtain a signature from the Office of Student Accounts, WH 114.

Signature (**REQUIRED**)

Date

By signing this form, I am certifying that I understand the conditions of this request

Student's Signature

Date

Return completed and signed form to the Registrar (WH 115) for final approval

Registrar's Signature

Special Circumstances Refund Request

For students withdrawing from all classes prior to the midpoint of the semester only.

Students who take a leave of absence prior to the course withdrawal period for circumstances beyond their control, may contact Students Accounts (stuacct@newpaltz.edu) to see if a refund request is applicable.

All questions about refunds should be directed to Student Accounts stuacct@newpaltz.edu.