



Please return completed form to:
 Academic Advising – OM127
 1 Hawk Drive
 New Paltz, NY 12561
 Phone: (845) 257-3015
 Fax: (845) 257-3575

LEAVE OF ABSENCE/WITHDRAWAL FROM COLLEGE
 Matriculated Undergraduate Students ONLY

PLEASE PRINT ALL INFORMATION

NAME: _____ ID#: _____

PERMANENT ADDRESS: _____ LOCAL ADDRESS: _____
Street Address Street Address

_____ _____
City State Zip City State Zip

EMAIL ADDRESS: _____ CELL PHONE #: _____

CURRENT MAJOR: _____ DATE OF BIRTH: _____

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.

Please check the appropriate request, secure the applicable signatures and provide a brief explanation for your request.

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 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 **If you do not return to SUNY New Paltz within the stated time period, you will automatically be withdrawn from the college and will need to reapply through the Office of Admissions if you wish to return.**

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

WITHDRAWAL FROM COLLEGE

If you do not intend to return to SUNY New Paltz or are planning more than two semesters away, you should request a 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.**

EFFECTIVE DATE OF WITHDRAWAL FROM COLLEGE:

Before academic grades are received _____ (this will result in “W” grades on your official transcript)
Effective Date

After academic grades are received _____ (this will result in a letter grade [A, B, C, D, F] on your official transcript)
Effective Date

Students taking a Leave of Absence for medical and/or psychological reasons must receive clearance from the appropriate office(s) prior to returning. When returning from a medical Leave of Absence, clearance must be obtained from the Director of Student Health Service. When returning from a psychological Leave of Absence, clearance must be obtained from the Director of the Psychological Counseling Center. Documentation for this clearance must come from the student’s treating medical and/or mental health practitioner and must include diagnosis, treatment plan, date of most recent treatment and prognosis. If the student’s condition is still present and treatment will be ongoing when they return to campus then a plan for medical and/or psychological care during the semester of return will be necessary. If the medical and/or psychological requirements for the student’s treatment exceed the services available on campus then clearance for return may not be granted until needed services are secured at appropriate local off campus treatment facilities. **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. Instead they will be required to remain away from the college for two consecutive semesters, including the current semester.**

IMPORTANT: You may lose your eligibility for Financial Aid! Under state regulations adopted by the Board of Regents, students who leave or withdraw from SUNY New Paltz during a semester in which they receive a TAP award may not be eligible for a TAP award for the next term in which they enroll. Under federal regulations, students who receive federal money (i.e.: Stafford, Pell, Perkins, SEOG) may incur liability to the College if they withdraw or take a leave of absence.

Future federal Financial Aid may be affected by excessive "W" grades. Consult with the Financial Aid Office if you are concerned about the impact of your leave or withdrawal on your progress toward degree. Students who receive state or federal loans, and are withdrawing, must contact the Student Loan Coordinator, HAB 302, for an exit interview.

Student Name: _____

Student ID #: _____

All students, **whether or not they receive aid**, must obtain a signature from the Office of Student Accounts, HAB 210.

Authorized signature - Student Accounts: _____

Date: _____

Additional required signatures, if applicable (MUST BE OBTAINED BEFORE RETURNING FORM TO ACADEMIC ADVISING)

Do you participate in the Educational Opportunity Program?

EOP Advisor: _____

Date: _____

Do you live on campus?

Director of Residence Life: _____

Date: _____

Last date in residence: _____

Are you an International Student?

International Advisor: _____

Date: _____

Briefly describe your reason for requesting a leave of absence or withdrawal:

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 Dean of Academic Advising (OM 127) for final approval

Dean of Academic Advising: _____

Date: _____