



Office of Records & Registration, WH115
 500 Hawk Drive, New Paltz, NY 12561-2439
 Tel: 845-257-3100 Fax: 845-257-3103

LEAVE OF ABSENCE

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

N | | | | | | | | | |
 Student ID

Current Address:

Current Major: _____

 Street Apt. No.

 New Paltz E-mail

 City State Zip Code

() _____
 Telephone Number

LEAVE OF ABSENCE - requests are granted for one semester at a time.

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). 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 15th 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 **If you do not return to SUNY New Paltz within the stated time period, you will automatically be withdrawn from the college and will need to reapply through the Office of Admissions if you wish to return.**

Semester leave applies: fall spring Year: _____

- 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.

You may exhaust your grace period for student loan repayment if you take a 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 Student Financial Services, 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 Student Financial Services 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 Student Financial Services 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 _____	N								
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Student ID

Obtain all applicable signatures before returning this form.

- Educational Opportunity Participant Advancing Completion through Engagement Participant

Signature of EOP Advisor _____ Initial date of contact by student* _____ Signature of ACE Advisor _____ Initial date of contact by student* _____

- On Campus Resident Student Last date in residence: _____

Signature of Director of Residence Life _____ Initial date of contact by student* _____

- International Student

Signature of International Advisor _____ Initial date of contact by student* _____

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

Signature (REQUIRED) _____ Initial date of contact by student* _____

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 _____ Initial date of contact by student* _____

*This is the date the student first contacted your office about this leave.

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.