



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

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Student ID

Current Address:

Current Major: _____

Street

Apt. No.

New Paltz E-mail

City

State

Zip Code

()

Telephone Number

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 **If you do not return to SUNY New Paltz within the stated time period, you will automatically be withdrawn from the college and will need to reapply through the Office of Admissions if you wish to return.**

Semester leave applies: ☐ fall ☐ spring Year: _____ 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.

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.

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Student ID

Student's Full Name

Obtain all applicable signatures before returning this form.

☐ Educational Opportunity Program 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*

☐ International Student

☐ Military Affiliated Student

Signature of International Advisor

Initial date of contact by student*

Signature of OVMS Staff

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*

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 Student 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.