

ACADEMIC LEAVE OF ABSENCE

State University of New York, College at Oneonta
Academic Advisement Center
100 Netzer Administration Building
Oneonta, New York 13820
Phone: (607) 436-3390 Fax: (607) 436-3392

Please Print Clearly and Firmly:

_____		TODAY'S DATE _____
NAME _____	_____	STUDENT A# _____
STREET ADDRESS (WHILE ON LEAVE) _____		PHONE NUMBER _____
CITY _____	STATE _____	ZIP _____
_____		SUNY ONEONTA E-MAIL ADDRESS _____

POLICIES:

- To be eligible for an academic leave, students must be matriculated, have completed at least one semester of course work, and have a minimum 2.00 cum GPA at Oneonta. End of the semester leaves will not be acted upon (approved or denied) until final grades are reviewed.
- Academic Leaves may be granted for a maximum of two semesters.
- If a leave is requested after attending Oneonta classes, the policy for grades assigned to courses as per Key Dates & Deadlines will be applied.
- During the last semester of the leave, the student will be assigned a pre-enrollment time in order to register for courses for the following semester.
- If a student decides to not return to the College, the student must withdraw from the College through the Student Development Office.
- **Students must submit a completed Prior Approval Form with the Academic Leave request.**

1. If you are currently enrolled for any semesters at the College at Oneonta, please indicate the semester(s) of enrollment:
 Fall _____ Spring _____ Summer _____
2. Last Date of Class Attendance at the College at Oneonta (month, date, year) _____
3. Last Day of occupancy in the Residence Hall (if applicable) HALL _____ LAST DATE OF OCCUPANCY _____
4. Semester and Year you will return to the College _____ One Semester Leave Two Semester Leave
5. Briefly list your academic plans for this leave (ex: where you will be attending school, what types of courses you plan to take, how many credits you hope to complete, and why you wish to take the courses elsewhere):
6. If you plan on completing your degree requirements while on leave, you must complete a diploma application with the Registrar's Office.
7. Meet with an Advisor in Academic Advisement to review your plan. Date of Meeting _____ Initials of Reviewer _____
8. Student's Signature _____ Date: _____

The student is responsible for obtaining all applicable signatures before returning this form and a Prior Approval to Academic Advisement (100 Netzer)

All Students:

Financial Aid - 123 Netzer

Signature _____ Date _____

All Students:

Student Accounts - 240 Netzer

Signature _____ Date _____

If you live on campus:

Residence Hall Director

Signature _____ Date _____

If you have a meal plan AND it is not an end of semester leave:

ID/Dining Card Office - Lobby Hunt Union

Signature _____ Date _____

If you are an EOP student:

Educational Opportunity Program - 332 Netzer

Signature _____ Date _____

If you are an International Education student

International Education - 111 Schumacher

Signature _____ Date _____

If you receive any form of Veteran's Benefits

Veteran Certifying Official

Signature _____ Date _____

Office Use Only:

Date Received: _____ By: _____

ACTION: APPROVE / DENY Date Reviewed _____ By: _____
COMMENTS:

Copies: Registrar and Student after processing