



NAME _____

TODAY'S DATE _____

SUNY ONEONTA E-MAIL ADDRESS

STUDENT A#

- 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 cumulative Oneonta GPA. End of the semester leaves will not be approved or denied until final grades are reviewed.
- Students may take up to 2 semesters of leave of absence
- If a leave is requested after attending Oneonta classes, University policy for grades assigned to courses will be applied.
- While on leave, communications will be sent to the student about key dates and deadlines for the following semester and assigned a pre-enrollment time to register for courses for the following semester.
- If a student decides to withdraw from the University, they must contact the Student Affairs.
- **Students must submit a completed Prior Approval Form(s) with the Academic Leave request.**

1. If you are currently enrolled for any semesters at SUNY Oneonta, please indicate below:
☐ Fall _____ ☐ Spring _____ ☐ Summer _____
 2. Last date of class attendance at SUNY Oneonta (month, date, year) _____
 3. Last day of occupancy in the residence hall: _____
 4. Semester and year you will return to the University _____ ☐ One Semester Leave ☐ Two Semester Leave
 5. Briefly list your academic plans for this leave (where you will be attending, what courses you plan to take):

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6. If you plan on completing your degree requirements while on leave, please submit a diploma application to 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 submitting this form (217 Sherman Hall)

Financial Aid

Signature

Date

Student Accounts

Signature

Date _____

Residence Hall Director (If applicable)

Signature

Date _____

AOP/ACE (If applicable)

Signature

Date

Global Education(If international students)

Signature

Date _____

Veteran Certifying Official (If applicable)

Signature

Date _____

Office Use Only:

ACTION: APPROVE ☐ DENY ☐

Date Received: _____ By: _____