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 I.D. NUMBER _____

STREET ADDRESS (WHILE ON LEAVE) _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____ 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 Attendace 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 Nezter)

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

Pub: AcadLeaveForm.pub