



REQUEST FOR LEAVE OF ABSENCE / CHANGE OF STATUS FORM

A. To Be Filled Out By Student

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ 200 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CURRENT PROGRAM: \_\_\_\_\_

STREET \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY STATE ZIP

LEAVE OF ABSENCE FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF GRADUATION \_\_\_\_/\_\_\_\_/\_\_\_\_  
NEW ANTICIPATED

WITHDRAWAL EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ I DO NOT INTEND TO RETURN.

STUDENT SIGNATURE \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

B. To Be Filled Out By Academic Program

LEAVE OF ABSENCE APPROVED  WITHDRAWAL NOTED EFFECTIVE SEMESTER: \_\_\_\_\_

CONDITIONS: (IF APPLICABLE) \_\_\_\_\_

PROGRAM CHAIR: \_\_\_\_\_ OR DEAN PRINT NAME PROGRAM CHAIR OR DEAN SIGNATURE DATE OF APPROVAL

C. ONCE THE STUDENT HAS OBTAINED THE SIGNATURE IN SECTION B., AN EXIT INTERVIEW MUST BE SCHEDULED WITH A STUDENT AFFAIRS DEAN.

THE STUDENT HAS BEEN ADMINISTRATIVELY CLEARED BY THE FOLLOWING OFFICES:

- BURSAR \_\_\_\_\_
- FINANCIAL AID (IF APPLICABLE) \_\_\_\_\_
- HOUSING (IF APPLICABLE) \_\_\_\_\_
- HEALTH INSURANCE : STUDENT WILL PURCHASE / DECLINE HEALTH INSURANCE THROUGH SUNY DOWNSTATE

EXIT INTERVIEW HAS BEEN CONDUCTED. I HAVE BEEN MADE AWARE OF THE CONDITIONS OF THE LEAVE / WITHDRAWAL AND MY OBLIGATIONS CONCERNING OFFICES OF FINANCIAL AID, BURSAR AND HOUSING.

ID CARD RCVD  MAILBOX KEY RCVD

COMMENTS: \_\_\_\_\_

STUDENT AFFAIRS DEAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 1

CHANGE OF STATUS (For Use By The Office Of The Registrar - Only)

LEAVE OF ABSENCE  WITHDRAWAL  SUSPENSION  DISMISSAL EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 READMISSION FROM LOA/SUSPENSION COMMENTS: \_\_\_\_\_

OFFICE OF THE REGISTRAR STAFF \_\_\_\_\_ COURSE WITHDRAWAL ENTRY \_\_\_\_/\_\_\_\_/\_\_\_\_ STATUS CHANGE ENTRY \_\_\_\_/\_\_\_\_/\_\_\_\_ COPY DISTRIBUTION \_\_\_\_/\_\_\_\_/\_\_\_\_