



REQUEST FOR LEAVE OF ABSENCE / CHANGE OF STATUS FORM

A. To Be Filled Out By Student

NAME: _____ ID #: _____ 200 _____

ADDRESS: _____
STREET
CITY STATE ZIP

CURRENT PROGRAM: _____

TELEPHONE: _____

NEW ANTICIPATED

☐ LEAVE OF ABSENCE FROM ____/____/____ To ____/____/____ DATE OF GRADUATION ____/____/____☐ 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.

☐ ID CARD RCVD ☐ MAILBOX KEY RCVDI HAVE BEEN MADE AWARE OF THE CONDITIONS OF THE LEAVE / WITHDRAWAL AND
MY OBLIGATIONS CONCERNING OFFICES OF FINANCIAL AID, BURSAR AND HOUSING.

COMMENTS: _____

STUDENT AFFAIRS DEAN SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

1

CHANGE OF STATUS

(For Use By The Office Of The Registrar - Only)

EFFECTIVE DATE: ____/____/____

☐ LEAVE OF ABSENCE ☐ WITHDRAWAL ☐ SUSPENSION ☐ DISMISSAL
☐ READMISSION FROM LOA/SUSPENSION

COMMENTS: _____

OFFICE OF THE REGISTRAR STAFF _____

COURSE WITHDRAWAL ENTRY ____/____/____

STATUS CHANGE ENTRY ____/____/____

COPY DISTRIBUTION ____/____/____