

UNDERGRADUATE APPLICATION FOR LEAVE OF ABSENCE/WITHDRAWAL FROM COLLEGE

Registrar's Office, Moot Hall 210, 1300 Elmwood Avenue, Buffalo, NY 14222-1095

INSTRUCTIONS: Student completes step 1. Forwards to **Department Chair or Coordinator of Academic Advisement** who signs, then forwards to **Dean for approval**. Dean retains copy, forwards department and student copies and sends original to the Registrar's Office. Requests received by the Registrar's Office after drop/add ends, incur financial liability. The effective date is the date this form is **received** by the Registrar's Office. Check <http://registrar.buffalostate.edu/> for deadline. Requests submitted after the deadline (including medical requests) must be petitioned through Academic Standards.

FINANCIAL LIABILITY FOR REGISTERED COURSES: If you are requesting no liability/full refund after drop/add ends, you should first inquire at the Academic Standards Office at <http://academicstandards.buffalostate.edu/>. Then you must file a petition with the Academic Appeals Committee. Petition forms are available from the Academic Standards Office. It is expected that the requests will be for medical reasons. The Weigel Health Center will provide the student with a corroborating note to be submitted with the Academic Appeal requesting a refund. Any financial aid distributed must be returned or the petition will not be approved.

IMPORTANT: Read this and consult with your academic advisor before you sign. Keep in mind that leaves and withdrawals may effect financial aid, scholarships, and time of graduation.

STEP 1– To be completed by student— ALL information must be completed including date last attended.

Leave/Withdrawal should begin _____ **term** (January, Spring, Summer, Fall) _____ **year**

Please check one:

Leave of absence A minimum 2.0 cumulative GPA is required except in the case of medical requests. Leaves are granted for up to two years. Students wishing to return before their leave has expired may do so by registering for classes. Graduate students and non-degree undergraduates are ineligible for leaves.


Withdrawal from College Students must contact the Admissions Office regarding readmission procedures.

Name _____ Student ID #B _____
Last First MI


Permanent Address _____
Number and Street City State Zip Code


Major _____ Telephone Number _____

Reason for request: ____ Academic ____ Financial ____ Personal ____ Religious Leave
 ____ Military Leave ____ Medical * (see Step 3 below) ____ Other

Student signature and date  _____

STEP 2– To be completed by Chair/Director of Academic Advisement/Dean

 _____
 Department Chair or Director of Academic Advisement Signature Date

 _____
 Dean's Signature Date Cumulative GPA

STEP 3- (For medical request only) To be completed by Weigel Health Center

- Requests for medical reasons must be verified by the Weigel Health Center. Student should submit this form and a required physician's statement directly to the Weigel Health Center. Weigel Health Center will forward to the Dean.

 Weigel Health Center verification (medical requests only) Date