## **GRADUATE STUDIES** LEAVE OF ABSENCE/WITHDRAWAL FORM - SUNY POTSDAM

## **1. PERSONAL INFORMATION**

me:			Potsdam ID:		
Last	First	Middle		Identification Number	
Permanent Address:					
Street		City		Zip Code	
Telephone:	Email:				
Date of Birth					
2. ENROLLMENT STATUS					
Program:		A dviser.			
Indicate the last date you attende	d any class here:				
(Form cannot be processed with		Month	Day	Year	
			2		
3. CHOOSE ONE OF THE FO	LLOWING OPTIONS:	:			
I am <b>NOT</b> requesting a Leave	e of Absence or Withdraw	val, as remaining rec	quired course(s) are	e listed on my	
transcript as <b>IP</b> (in-progress). T	he date that I plan to com	plete my final IP co	ourse(s) is:		
transcript as <b>IP</b> ( <b>in-progress</b> ). T	he date that I plan to com	iplete my final IP co	ourse(s) is: <u></u>		
transcript as <b>IP</b> ( <b>in-progress</b> ). T	*	oplete my final IP co DR			
transcript as <b>IP</b> ( <b>in-progress</b> ). T	(	DR	Semest	er Year	
<ul> <li>I am requesting a Withdrawa later date if desired.</li> <li>I am requesting a Leave of A</li> </ul>	al. This does not exclude bsence, as qualified*. Th	<b>DR</b> the opportunity to s is request is based u	Semest seek re-admission upon my plan to <u>re</u>	er Year to SUNY Potsdam at sume my studies at	
<ul> <li>I am requesting a Withdrawa later date if desired.</li> <li>I am requesting a Leave of A SUNY Potsdam. Effective: _</li> </ul>	al. This does not exclude bsence, as qualified*. Th	<b>DR</b> the opportunity to s is request is based u	Semest seek re-admission upon my plan to <u>re</u> ed date of return: _	er Year to SUNY Potsdam at sume my studies at	
<ul> <li>I am requesting a Withdrawa later date if desired.</li> <li>I am requesting a Leave of A SUNY Potsdam. Effective:</li></ul>	al. This does not exclude bsence, as qualified*. The mester Year dease contact International Edu your financial aid. You should al or Leave of Absence p reasons [ ersonal or career goals ] erformance [	DR the opportunity to s is request is based u Anticipate <i>Cation for I-20 purposes</i> <i>d speak to a Financial At</i> lease indicate your p Medical	Semest seek re-admission to upon my plan to <u>re</u> ed date of return: s. <i>id Counselor before ta</i> prim <u>ary</u> reason you	er Year Year To SUNY Potsdam at Sume my studies at Genester Yea King a leave of absence. In: (choose one only) Difficulties	
<ul> <li>I am requesting a Withdrawa later date if desired.</li> <li>I am requesting a Leave of A SUNY Potsdam. Effective:</li></ul>	al. This does not exclude bsence, as qualified*. Th emester Year lease contact International Edu your financial aid. You should al or Leave of Absence p reasons [ ersonal or career goals ] erformance [ ge:	DR the opportunity to s is request is based u Anticipate <i>Cation for I-20 purposes</i> <i>I speak to a Financial At</i> lease indicate your p Medical Marriage	Semest seek re-admission f upon my plan to <u>re</u> ed date of return: s. <i>id Counselor before ta</i> primary reason you Financial I Military Se	er Year Year To SUNY Potsdam at Sume my studies at Genester Yea King a leave of absence. In: (choose one only) Difficulties	
<ul> <li>I am requesting a Withdrawa later date if desired.</li> <li>I am requesting a Leave of A SUNY Potsdam. Effective:</li></ul>	al. This does not exclude bsence, as qualified*. The mester Year dease contact International Edu your financial aid. You should al or Leave of Absence p reasons [ ersonal or career goals ] erformance [	DR the opportunity to s is request is based u Anticipate <i>Cation for I-20 purposes</i> <i>I speak to a Financial At</i> lease indicate your p Medical Marriage	Semest seek re-admission to upon my plan to <u>re</u> ed date of return:	er Year Year To SUNY Potsdam at Sume my studies at Genester Yea King a leave of absence. In: (choose one only) Difficulties	

**4. REQUIRED STUDENT SIGNATURE** The above information, to the best of my knowledge, is truthful and accurate.

Signature	Date
ADMINISTRATIVE ACTION (office use only)          No holds       Holds         Contact International Education         Administrative / IP Notes:         Approved:         Leave of Absence – Return Date:         OR         Withdrawal Confirmed	Effective Date of Leave/Withdrawal:
Director, Graduate and Continuing Ed.	Date