

LEAVE OF ABSENCE/WITHDRAWAL FORM - SUNY POTSDAM

This process is only for undergraduate matriculated students. Please fax this form to the Student Success Center, (315) 267-3268 or mail to 128 Sisson Hall. Non-matriculated students go to the Continuing Education Office to withdraw from classes and graduate students go to the Graduate Studies Office.

1. PERSONAL INFORMATION

Name: _____ **ID:** _____
Last First Middle Identification Number
Permanent Address: _____
Street City State Zip Code
Telephone: (____) _____ **Email:** _____ **Date of Birth** _____

2. ENROLLMENT STATUS

Date you actually began attending classes: _____
Semester Year

Check One: Fr. Soph. Jr. Sr. **Major:** _____ **Advisor:** _____

Indicate the last date you attended any class here: _____
(Form cannot be processed without this information) Month Day Year

3. EXIT STATUS

3.1 Choose one only:

I am requesting a **Withdrawal**. This does not exclude the opportunity to seek re-admission to SUNY Potsdam at a later date if desired.

I am requesting a **Leave of Absence**, as qualified. This request is based upon my plan to resume my studies at SUNY Potsdam effective:

Semester Year

3.2 Primary reason for terminating studies: (choose one only)

Compelling personal/

Family reasons

Taking time off to reassess
personal or career goals

Dissatisfied with academic
performance

Dissatisfied with SUNY Potsdam
environment

Transferring to another college:

School Major

Medical

Marriage

Employment

Financial Difficulties

Military Service

Temporary participation in off-
campus college sponsored programs/
activities

Finishing courses at another school for
SUNY Potsdam degree

4. REQUIRED STUDENT SIGNATURE

The above information, to the best of my
knowledge, is truthful and accurate.

Signature

Date

5. ADMINISTRATIVE ACTION (for Office use only)

No holds Holds _____

Administrative Notes: _____

Approved:

Leave of Absence/ Return Date: _____ **Effective Date of Leave/Withdrawal:** _____

OR

Withdrawal Confirmed **Official Signature:** _____ **DATE** _____