FREDONIA
STATE UNIVERSITY OF NEW YORK

GRADUATE ACADEMIC LEAVE/WITHDRAWAL APPLICATION

Use this form to apply for a leave of absence or to withdraw completely from your graduate degree program. A one **or** two semester leave of absence may be granted for professional or personal reasons. A student may take, with her/his department's support, more than one leave of absence during her/his program. Students who fail to return on time from a leave of absence, and those who withdraw completely, must apply for reinstatement.

An official leave of absence may be granted for medical reasons, deployment, or care of a family member. Please contact the Graduate Studies Office for more details.

If you use this form to withdraw completely, you must complete the reinstatement form (http://www.fredonia.edu/gradstudies/forms.asp) should you decide to return to your degree program. Contact the Graduate Studies Office with any questions.

First Name _____ Last Name _____ Fredonia ID _____

Email Address _____ Telephone Number _____

Permanent Address _____ City _____ State _____ Zip _____

I wish to apply for:

☐ Graduate Academic Leave

☐ Withdrawal

Degree Program _____

Last date you attended classes _____ ☐ Did not attend class

*If applying for a **Graduate Academic Leave**, please indicate the semester(s) you intend to be on leave:*

Fall Semester _____ (indicate year) Spring Semester _____ (indicate year)

Reason: _____

I intend to return: _____ (indicate semester and year)

Signature _____ Date _____

I support this application for leave of absence: _____
Advisor

APPROVALS

_____
Department Chairperson

I approve the requested leave: _____
Associate Provost for Graduate Studies

Copies:
Academic Dept.
Financial Aid
Graduate Studies Office
Student
File