

LEAVE OF ABSENCE

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
First Middle Last

Email Address: _____@sunymaritime.edu Personal Email Address: _____

Home Phone: _____ Cell Phone: _____

Class: Freshman Sophomore Junior Senior Graduate

Leave of Absence Information

A student may take a leave of absence for one semester or up to one year, unless it is for military service or medical reasons under special circumstances which would require medical documentation. *****Taking a leave of absence may impact a student's degree completion plan. It is recommended that you meet with your academic advisor or major department chair to discuss your leave of absence.**

Reason(s) for Leave: Work Medical Family Obligations
 Personal/Financial Academic Other _____

Effective Date of Leave: _____ Intended Semester of Return: _____
Date Semester Year

Clearances

If registered, student must first drop/withdraw their registration via Maritime Self Service or in person at the Registrar's Office. Student must check with the Offices listed below and obtain clearance before taking a Leave of Absence from SUNY Maritime College.

All students must obtain Clearance from Offices 1,2,and 3 below and [other Offices as needed].

1. **Library:** library@sunymaritime.edu _____ Date: _____

2. **Financial Aid:** financialaid@sunymaritime.edu _____ Date: _____

*Students who have borrowed federal student loans will need to complete and present confirmation page of Student Loan Exit Counseling with this form. Student Loan Exit Counseling may be completed online at www.studentloans.gov.

3. **Student Accounts:** studentaccounts@sunymaritime.edu _____ Date: _____

4. **[Regimental students only]**
Commandant of Cadets: rsmith@sunymaritime.edu _____ Date: _____

*Students should notify the Regiment of their return at least two weeks prior to the start of the semester.

5. **[Students living on campus only (Room Inspection & Key)]**
housing@sunymaritime.edu _____ Date: _____

6. **International Students only]**
International Student Coordinator lzinberg@sunymaritime.edu _____ Date: _____

In order for your Leave of Absence to be processed, the completed form must be submitted to the Registrar's Office (including email responses received in lieu of signatures).

Signature of Student: _____ **Date:** _____