**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: ____________________________

**Clearances**

In order to clear your record, it is necessary to process this clearance form. It is the responsibility of the student to check with the Offices listed below and obtain a 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: _______

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 Izinberg@sunymaritime.edu ____________________________ Date: _______

The completed form must be submitted to the Registrar’s Office (including email responses received in lieu of signatures). If you do not file a completed Leave of Absence Form, your record will be closed out and you will require readmission to the college to return.

Signature of Student: ____________________________ Date: _______

Office of the Registrar

6 Pennyfield Avenue, Throggs Neck, NY 10465 | 718.409.7266 | www.sunymaritime.edu