

Semester for which you wish to take leave (Please mark year in appropriate box):

TERM	AUGUST	FALL	SPRING	BARD
YEAR				

DATE: _____

NAME/ID#: _____

ADDRESS: _____

OF SEMESTERS COMPLETED (excluding August orientation): _____ TOTAL CREDITS: _____

CURRENT ACADEMIC STATUS: _____ Good standing _____ Warning
 _____ Probation

ENROLLMENT STATUS: _____ Full-time _____ Part-time

RESIDENT CLASSIFICATION: _____ New York state resident
 _____ Out-of-state resident
 _____ International student (not a U.S. citizen)

DO YOU RECEIVE FINANCIAL AID? _____ Yes _____ No

TYPE OF ABSENCE (CHECK ONE):
 _____ Personal leave of absence
 _____ Academic leave of absence

Proposed length of absence: _____

** Please attach a statement explaining your reasons. Rest assured, this statement will be treated as confidential.

STUDENT'S SIGNATURE _____

ADVISOR'S NAME (Please print) _____

ADVISOR'S SIGNATURE _____

For use by the Graduate Committee only:

Request was: (Circle one)	APPROVED	DENIED
COMMITTEE MEMBER'S SIGNATURE		DATE