

Request for a Leave of Absence

Academic Programs Office

Decorative Arts, Design History, Material Culture

NOTE: Please attach a statement explaining your reasons for requesting a leave of absence. Rest assured, this statement will be treated as confidential.

Student Name _____ Banner ID Number _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____ Country _____

SEMESTER OF LEAVE REQUEST (*Please indicate the year and check the appropriate semester box*)

Year: _____
(check one) Fall Term Spring Term Summer Session

Number of Semesters Completed _____ Total Number of Credits _____ Proposed Length of Absence _____

Current Academic Status (*check one*): Good Standing Warning Probation

Enrollment Status (*check one*): Full-time Part-time

Resident Classification (*check one*): New York State Resident Out of State Resident
 International Student (not a US Citizen)

Do you receive Financial Aid? (*check one*): Yes No

Type of Absence (*check one*): Personal leave of absence Academic leave of absence

Student Signature _____ Date _____

Advisor Name (*please print*) _____ Advisor Signature _____ Date _____

FOR USE BY THE GRADUATE COMMITTEE ONLY

Request is (*check one*): Approved Denied

Committee Member Signature _____ Date _____