

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

| | | |
|-------------------------------|-------------------------|----------------------------|
| Number of Semesters Completed | Total Number of Credits | Proposed Length of Absence |
|-------------------------------|-------------------------|----------------------------|

Current Academic Status *(check one)*: Good Standing ProbationEnrollment Status *(check one)*: Full-time Part-timeResident 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 NoType of Absence *(check one)*: Personal leave of absence Academic leave of absence

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

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|------------------------------------|-------------------|------|
| Advisor Name <i>(please print)</i> | Advisor Signature | Date |
|------------------------------------|-------------------|------|

FOR USE BY THE GRADUATE COMMITTEE ONLYRequest is *(check one)*: Approved Denied

| | |
|----------------------------|------|
| Committee Member Signature | Date |
|----------------------------|------|