UNIVERSITY AT ALBANY

Undergraduate Education, LC-30 Withdrawals and Readmission

APPLICATION FOR: ☐ LEAVE FOR APPROVED STUDY ☐ DEGREE IN ABSENTIA Before you complete the following, you should review the information on the attached Leave/Absentia information sheet. To be eligible for a leave, you must have a cumulative University at Albany average of 2.00 or better. In addition, you must discuss your intentions and your proposed coursework with your advisor and your EOP counselor if you were admitted through the EOP program. Your advisor's approval and the EOP Director's [or designee's] approval is necessary in order to be granted a leave. PLEASE PRINT Name Mr. Ms._ ΜI First Permanent Address Street City State Zip Current Local SUNYA Address Phone # Address While on Leave E-mail Address: Semester(s) In Which You Plan to Attend Another College Fall _____/ Spring _____ Institution at Which You Will Study_ If the above institution is not in the United States, please indicate its location Country If the above study is affiliated with a college within the United States, please indicate the name of the college Do you intend to study full-time? [] or part-time? [] Degree: BA [] or BS [] (Concentration) Minor (Concentration) Maior Name of Advisor___ __ Department___ Will the Credit You Pursue While Elsewhere be the Final Credit Toward Your Degree? Yes [] No [] Briefly Indicate the Reason for Requesting a Leave/Absentia STUDENT SIGNATURE DATE ADVISOR RECOMMENDATION **I APPROVE** of the above student's request for a leave for approved study. [Note: Student's missing major and minor course work need the approval of their advisor. Advisement regarding remaining degree requirements and transfer coursework is the responsibility of the department advisor.] **I DO NOT APPROVE** of the above student's request for a leave for approved study. REASON: SIGNATURE OFFICE ADDRESS_ PHONE PRINTED NAME EOP DIRECTOR RECOMMENDATION (OR DESIGNEE)

I APPROVE of the above student's request for a leave for approved study and will provide advisement and counseling as needed.

DATE

OFFICE ADDRESS

I DO NOT APPROVE of the above student's request for a leave for approved study.

REASON:_

PRINTED NAME

SIGNATURE

PHONE

Phone: (518) 442-5821

Fax:

(518) 442-4959