



State University of New York
 College of Agriculture and Technology
 Cobleskill, New York 12043

ACADEMIC LEAVE FORM

This form must be completed and filed before taking an academic leave of absence.

4.27 **Academic Leave of Absence** - Full-time matriculated students who must interrupt their program at the College for reasons deemed acceptable to the vice president for academic affairs, may be granted an academic leave for a specified period of time. Full-time students must have a minimum GPA of 2.00 and must have completed one or more semesters to be considered for an academic leave of absence. Students may return to the campus following the leave by contacting the Registrar's Office to select classes.

Student Name: _____ Student ID #: _____

Major: _____ Current GPA: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

I am requesting an academic leave of absence for:

Fall semester _____ Year _____ Spring semester _____ Year _____

(May not be signed digitally.) _____
 Student Signature

Position	Signature	Date	Approved	Denied
Advisor				
Division Dean				
Financial Aid				
Vice President for Academic Affairs				

DISTRIBUTION:
 Registrar, Admissions, Division Dean, Financial Aid, Student