

- Students must first discuss their request for taking a leave of absence or withdrawing from the program with their academic advisor or director of the graduate program in which they are enrolled. Some graduate programs may prohibit or restrict leaves of absence; check with your Program Director.
- Leave of Absence for Health reasons must be approved through the Dean of Students.
- If planning to take a leave of absence, review when you anticipate returning to the program.
- Students should consult with a Financial Aid counselor to understand their obligations.
- If withdrawing or taking a leave of absence once a semester is underway, a student’s financial obligations are based on the date of filing this official form with the Director of your Graduate Program.

STUDENT, PLEASE FULLY and LEGIBLY COMPLETE THIS FORM.

Name _____

Phone number: _____ Student ID # A00 _____

Note: Email correspondence is sent only to the AU e-mail address. (AU email is the designated official means of communication at the university.) All correspondence from the university sent to students by US mail goes to the permanent address on file in the Student Service Center viewable on BannerWeb. Students are responsible for making changes to that address.

Graduate Program: _____ Graduate Advisor: _____

- Art & Design Business Counseling Education Engineering School Psychology
- Public Administration

Program Location: Main Campus Downstate Victor Other _____

Please indicate your intentions below:

Withdraw from the Program

Please indicate your primary reason for withdrawal:

- Academic Reasons
- Employment
- Family Reasons
- Financial Reasons
- Medical Reasons
- Military Service
- Not the Right Fit/Change of Plans
- Personal Reasons
- Transfer to another Institution
- Other _____

Effective Date of Withdrawal: _____

Leave of Absence from the Program

Please indicate your primary reason for a LOA:

- Academic Reasons
- Employment
- Family Reasons
- Financial Reasons
- Medical Reasons (*see Dean of Students)
- Military Service
- Personal Reasons
- Other _____

Effective Date of Leave: _____

Anticipated Return: _____ Semester Year

I have reviewed Alfred University policies related to leaves and withdrawals and understand the conditions of my withdrawal or leave, including my financial obligations, and have been informed about the process for reenrollment, if taking a leave.

Student’s signature

Date

College Dean’s Signature Date

Date Request Approved

Copies to Graduate Program File Advisor Student Accounts Registrar Financial Aid Dean of Students