

Date received:

Effective date: \_

Return this form to the Office of the Registrar Student Services Building, 1<sup>st</sup> Floor 735 Anderson Hill Road, Purchase, NY 10577-1400 914-251-7000 (phone) ◊ 914-251-6373 (fax)

## Request for Personal Leave of Absence or Official Withdrawal from the College

Contact Office of Student Affairs for information on requesting a Medical Leave of Absence

	First	M	Campus ID Number (	(CID) Ma	ajor
Home Address	City	State	Zip	Mobile Phone	Number
			s effective the date the complet unds and assessing financial lial		eived at the Office
Please check one:					
I would like to	request a Person	al Leave of Absence.			
A Personal Lea do not return f I would like to	ove is generally grante for classes in the seme officially withdray	ester indicated above, you	mesters. You will not be guarar will be administratively withdraw do not plan to return to th	vn from the College.	turn to campus. If you
Do you plan to com	plete the current :	semester? Yes	No		
What is the last date	e you attended, o	r will attend, classes?	//		
What is the last date What is the reason f		r will attend, classes? rawal?			
	for leave or withd		Housing		
What is the reason for the second sec	for leave or withd  ds e for any unpaid balan inal invoice for any ba to be returned based of	rawal?		d to vacate Housing w	ithin 48 hours of
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Grades to be assigned:

Registrar Designee:

As earned

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