

SYRACUSE UNIVERSITY

Office of the Registrar

GRADUATE LEAVE OF ABSENCE FORM

Undergraduate students must seek guidance from their **home school/ college** to initiate a Leave of Absence Request.

To discuss a **Medical Leave of Absence** request, you **must** contact the **Student Outreach and Support (SOS)** studentsupport@syr.edu, (315) 443-4357 before completing this form.

Student Information

Student Name _____ Graduate Department _____

SUID _____ Phone _____

University email _____

Leave of Absence (Student Initiated)

One Semester Only

Undecided Length

Permanent- Will Not Return

Are you completing the current semester? Yes No

If no, date of last class attended _____

Reason for the Request (Check All That Apply)

Change in Financial
Circumstances

Dissatisfied with My
Academic Program at SU

Dissatisfied with Campus Life
Uncertain about College
Goals

Unexpected Expenses

Dissatisfied with Quality of
the Academic Experience

External to SU
Internship/Study Abroad

Personal/Family Issues

Dissatisfied with Academic
Performance

Residence Life

Health Problems

Other

Future Plan

Transfer

Work Full-Time

Undecided

ReAdmit, with plan to return for Semester/ Year _____

Other _____

Student Signature _____ Date _____

Graduate Dept Chair _____ Date _____

Student Outreach and Support (medical leave only) _____ Date _____

EFFECTIVE DATE of Leave of Absence: _____

Additional Comments: