

DAEMEN COLLEGE
AMHERST, NEW YORK 14226
LEAVE OF ABSENCE/WITHDRAWAL FORM

Name _____ Date _____
(Last) (First) (Middle/ Maiden)

Address _____
(Number and Street) (City) (State) (Zip Code)

ID# or SSN: _____ Major: _____

I hereby notify all concerned that I intend to depart Daemen College effective _____
(MM/DD/YYYY)

I desire a _____ Leave of Absence (LOA)

DURATION OF LOA: Please circle month to start and to return for the LOA:

Starting in: January or September _____ Returning in: January or September _____
(Year) (Year)

_____ Withdrawal (WD)

Reason for LOA or WD: (Please state)

Conditions: (Note: LOAs and WDs begin at the beginning of the semester only)

LOA: (1) Up to one year may be granted. (2) A LOA is superseded by academic suspension or dismissal. (3) A LOA will not include the semester in which student is enrolled. (4) Students **must** notify the Registrar's Office of their intention to return to the College by the appropriate registration date. Failure to do so will result in a withdrawal from the College. (5) Students are responsible for checking the financial implications of the LOA with the Business Office. (6) Students receiving aid must contact the Financial Aid Office for information regarding policies which apply to the various aid programs.

WD: A formal application for readmission is required and is available through the Office of Admissions. Students accepted for readmission following a "Withdrawal" **MUST** meet all requirements in force at the time of the student's return to the College.

ATTENTION: Students who desire a major in Physical Therapy, whether returning from a 'Leave of Absence' OR accepted for readmission following a 'Withdrawal', **must** meet all requirements in force at the time of the student's return to the College.

Student Signature _____ Date _____

Faculty Advisor Signature _____ Date _____

HEOP/Vision Signature (if applicable) _____ Date _____

Academic Support Services _____ Date _____

Exit Survey/Interview (completed): Yes No

For Office Use Only

Registrar's Office _____ Date _____