If you are facing circumstances that will interrupt your course of study at SUNY Canton, but you wish to return to the College within one year, we recommend that you request a Leave of Absence. A leave of absence preserves your admitted status in your current degree program at the time you begin your leave. This means that the academic requirements that are in place when you leave are “frozen” and allows you to continue to claim your current catalog year. It allows you to register without being readmitted and maintains access to your SUNY Canton email during your time away.

A leave of absence is normally granted for a maximum of 2 consecutive semesters or the total period of active duty for those called to active military service. Students may return to the campus following the leave by contacting the Dean’s Office to select classes. If your Leave expires, you must apply for readmission, and meet any new admission or degree requirements in place when you return to the College. A Leave for part of a semester counts as one semester.

**You are strongly encouraged to speak with a Financial Aid counselor to see what, if any, financial aid implications there are with taking a Leave of Absence.**

**Students are required to meet the following criteria in order to be considered for a Leave of Absence:**

* You must be a full-time, matriculated student
* Your SUNY Canton cumulative GPA must be a 2.0 or greater at the end of your last semester
* You must have completed one or more semesters at SUNY Canton
* You must have good student conduct standing

**Note: Permission of the Program Director is required for students in select programs. Programs needing specific approval include:**

* Nursing , AAS
* Dual Degree Nursing Program (DDNP)
* Veterinary Technology, BS
* Veterinary Science, AAS
* Physical Therapist Assistant, AAS
* Practical Nursing

**INSTRUCTIONS: Please complete all requested information below and submit to the Registrar’s Office at** [**registrar@canton.edu**](mailto:registrar@canton.edu)**.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | | | | | | |
| **Last Name** |  | | | | | | **First Name** |  | | **MI** | |  |
| **SUNY Canton ID#**  *(9 digits: 80x-xx-xxxx)* | | -    - | | | | **SUNY Canton Email** | | @canton.edu | | | | |
| **MAJOR & LEAVE OF ABSENCE INFORMATION** | | | | | | | | | | | | |
| **Major (Degree)** | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| **Semester Leave Begins** | | | | **Spring**  **20** **Fall**  **20** | | | **Anticipated Return** | **Spring  20    Fall  20** | | | | |
| **Reason for Leave of Absence** | | | | | | | | | | | | |
| Medical  Family  Financial  Military Deployment  Personal  Other | | | | | Additional Comments: | | | | | | | |
| **STUDENT SIGNATURE** | | | | | | | | | | | | |
| **Student Signature** | | |  | | | | | | **Date** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICIAL APPROVAL** | | | |
| **Signature of Program Director (only if applicable)** |  | **Date** |  |
| **Signature of Academic Dean** |  | **Date** |  |
| **Signature of Vice President for Student Affairs** |  | **Date** |  |
| **Signature of Financial Aid Officer (only needed if approved by the above)** |  | **Date** |  |