

Leave of Absence Application

Southampton College of Long Island University

Please complete, sign and date this application and return it to Southampton College at C.W. Post, 720 Northern Blvd, Brookville, NY 11548, or fax to: (516) 299-3951.

Date: _____

Last Name _____ **First Name** _____ **M.I.** _____

Social Security No.: _____ **Telephone:** _____

Address: Street _____ **City:** _____ **State:** _____ **Zip:** _____

Major(s): _____ **Advisor:** _____

Semester(s) you will be on leave: _____

Semester when you expect to register next: _____

Dates of Attendance at Southampton: From _____ **To** _____

Reason for interrupting your studies (feel free to attach further explanation):

PLEASE READ THE FOLLOWING REGULATIONS PERTAINING TO A LEAVE OF ABSENCE BEFORE SIGNING THIS FORM

1. Only matriculated students with no financial obligation to the University are eligible for an official leave of absence. Please have Bursar clearance when submitting this form.
2. A leave may be granted on request for either one or two semesters. No extension will be granted without submitting a written petition to the Dean for consideration.
3. By filing an application for Leave of Absence, students may return to Southampton by using the graduation requirements of the catalog under which they were admitted.
4. By taking a leave of absence, students may affect their eligibility for continued financial assistance. Students in this category should consult directly with the Financial Aid Office.

THIS FORM IS NOT VALID IF NOT SIGNED AND DATED BY THE APPLICANT

I have read and I understand each of the regulations above.

Student's Signature

Date

Advisor _____
Res. Life _____
Fin. Aid _____
Advising Off _____
File Copy _____