

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

Via Email: Registrar@purchase.edu Via Fax: 914-251-6373

Phone: 914-251-6361

## 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

| Last name  | First M   |   | Purchase ID Number (PID) Major                             |  |  |
|--|---|---|--|--|--|
| Home Address   | City  | State   | Zip  | Mobile Phone Number  |  |
|  |   |   | is effective the date the co<br>funds and assessing financ | mpleted, signed form is received at the Office ial liability.  |  |
| Please check one:  |   |   |  |  |  |
| I would like to  | request a Personal Le   | ave of Absence.   |  |  |  |
| A Personal Led<br>do not return j  | for classes in the semester   | a maximum of two s<br>indicated above, you  |  |  |  |
| Do you plan to complete the current semester? Yes No   |   |   |  |  |  |
| What is the last dat   | e you attended, or wil  | l attend, classes?  | /  | /  |  |
|  |   |   |  |  |  |
| Balance Due/Refunds  |   |   | Housing  |  |  |
| Students are responsible for any unpaid balances due to the College. Students will receive a final invoice for any balance due. Financial Aid awarded may need to be returned based on the refund percentage; this may require students to pay certain costs out of pocket. Contact Student Financial Services at 914.251.7000 for more information. |   |   | semester, you are re                                       | If your Leave of Absence/Withdrawal will be effective for the current semester, you are required to vacate Housing within 48 hours of submitting this form. Check with Residence Life at 914.251.6320 for more information |  |
| EOP Students   |   | International Students in F-1 or J*1 immigration status must obtain signature from the Designated School Official (DSO) in the Office of International Programs and Services (OIPS) |  |  |  |
| or withdrawal. Students program will be availabl   | rector while applying for a<br>are not guaranteed that a<br>e if/when you desire to ret<br>Director before you leave. | spot in the   |  |  |  |
| BFA, MusB, BSVA and MFA students must meet and receive signature from their Director   |   |   |  | Designated School Official (DSO) from OIPS Signature Date  ***********************************   |  |
| Director Signature   |   | Date  | Student Signature  | Date   |  |
|  |   | DO NOT WRITE IN THIS  | BOX - FOR OFFICE USE ONLY                                  |  |  |

F1/J1 Visa Status:

**Grades to be assigned:** W's As earned

Registrar Designee:

Drop