

Return this form to the Office of the Registrar Student Services Building, 1st Floor 735 Anderson Hill Road, Purchase, NY 10577-1400 914-251-6080 (phone) ◊ 914-251-6373 (fax)

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	D) Major	
Home Address	City	State	Zip N	Mobile Phone Number	
			s effective the date the completed, si unds and assessing financial liability.		
Please check one:					
I would like to request a Personal Leave of Absence.					
A Personal Leave is		a maximum of two se		housing upon return to campus. If you om the College.	
I would like to officially withdraw from the College. I do not plan to return to the College.					
Do you plan to complete the current semester? Yes No					
What is the last date you attended, or will attend, classes?/					
What is the reason for leave or withdrawal?					
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.			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 Director of International Programs	
Consult with the EOP Director while applying for a leave of absence or withdrawal. Students are not guaranteed that a spot in the program will be available if/when you desire to return. This may be arranged with the EOP Director before you leave.			Obtain signature from the biret	tor of international riogianis	
			Director of International Progra	ms Signature Date	
BFA, MusB, BSVA and MFA students must meet and receive signature from their Chair / Director			********** Required St	****** Required Student Signature *******	
Chair / Director Signature	Di	ate	Student Signature	Date	
DO NOT WRITE IN THIS BOX - FOR OFFICE USE ONLY					
Date received:	F1	L/J1 Visa Status:	Grades to be assigned:	W's As earned Drop	
Effective date:			Registrar Designee:		