

# Leave of Absence Application

## Southampton College of Long Island University

Please complete, sign and date this application and return it to the Enrollment Services Office on the first floor of Southampton Hall at Southampton College, 239 Montauk Highway, Southampton, NY 11968.

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 Academic Standards Committee 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 \_\_\_\_\_