General Leave of Absence Request

Office of the Registrar
101 Bresee Hall
Hartwick College
Oneonta, NY 13820
Tel: 607-431-4460; Fax: 607-431-4260

Please complete this form and return it to the Registrar’s Office. This form may be dropped off, mailed, or faxed. This form cannot be used to process a medical leave of absence.

Name: ___________________________________________________________ Date: ______________________
Advisor: ___________________________________ Phone #:/Email: ________________________________
Hartwick ID #: ___________________________________________ Graduation Date: ______________________

Please check the following to indicate type and date of leave you are requesting:

☐ General Leave    Start Date: _______________    End Date: _______________
☐ J-Term Leave    Year: __________________

Reason for leave of absence (please print):
________________________________________________________________________________________

Prior to submitting this request, please follow the procedures below and check items as completed:

☐ Consult with and inform your parent or guardian of your intent to take a leave of absence;
☐ Work out your complete academic program with your advisor to assure that you will be able to satisfy the
distribution and major requirements for your degree upon your return;
☐ Determine the effect a leave will have one your financial aid, if you receive any from Hartwick College, by
contacting the Office of Financial Aid

**I certify that the above information is accurate and the above steps have been completed. By signing this
form I also understand that in order to return from a leave of absence I must complete a ‘Request to
Return from a Leave of Absence’ form.**

________________________________________________________________________________________
Student’s Signature Date

________________________________________________________________________________________
Registrar’s Signature Date

Office Use Only

Approved/Denied: __________ Date Processed: __________ Comments: