

# WAGNER COLLEGE

## Center for Academic and Career Development Student Leave of Absence Form

A LEAVE OF ABSENCE IS GRANTED FOR ONE SEMESTER, AND AT THE STUDENT'S REQUEST MAY BE EXTENDED TO A MAXIMUM OF TWO ACADEMIC SEMESTERS. AFTER A PERIOD OF ONE YEAR THE LEAVE OF ABSENCE WILL AUTOMATICALLY TURN INTO A WITHDRAWAL FROM WAGNER COLLEGE.

A LEAVE OF ABSENCE FEE OF \$25 WILL BE BILLED TO YOUR COLLEGE ACCOUNT

.....  
(Please Print)

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ID# \_\_\_\_\_ FACULTY ADVISOR \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SEMESTER LEAVE REQUESTED FOR \_\_\_\_\_

COMMUTER \_\_\_\_\_ RESIDENT \_\_\_\_\_ MAJOR \_\_\_\_\_ G.P.A. \_\_\_\_\_

FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ GRAD \_\_\_\_\_

REASON FOR REQUESTING LEAVE OF ABSENCE: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

### PLEASE RETURN THIS FORM TO:

#### The Center for Academic and Career Development

One Campus Road

Staten Island, NY 10301

Phone: 718-390-3416 Fax: 718-420-4012

Email: cpucci@wagner.edu

#### For office use only:

Leave of Absence granted for \_\_\_\_\_

Effective Date of LOA \_\_\_\_\_

Anticipated Grad Date \_\_\_\_\_

\_\_\_\_\_  
CACD Administrator Signature

\_\_\_\_\_  
Date

JAN.2011

