

WAGNER COLLEGE

Center for Academic and Career Engagement 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.

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(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. _____

FR _____ SO _____ JR _____ SR _____ GRAD _____

REASON FOR REQUESTING LEAVE OF ABSENCE: _____

Student Signature

PLEASE RETURN THIS FORM TO:

The Center for Academic and Career Engagement

at

Email: cace@wagner.edu

Mail:

Wagner College, Attn: CACE

One Campus Road

Staten Island, NY 10301

Phone: 718-390-3181 Fax: 718-420-4012

For office use only:

Leave of Absence granted for (semester, year) _____

Effective Date of LOA _____

Anticipated Grad Date _____

CACE ADVISOR Signature

Date