

**UNDERGRADUATE SEMESTER WITHDRAWAL**  
**West Campus Undergraduate Students Only**  
**Semester Withdrawal/Leave of Absence/Medical Leave Requests**

Complete this form and return it to the Office of the Registrar, 276 Administration Building, Stony Brook, NY 11794-1101. Form may be faxed or e-mailed after obtaining all appropriate signatures. Fax: (631) 982-7320; E-mail: [registrar\\_office@stonybrook.edu](mailto:registrar_office@stonybrook.edu)

Student <b>Last</b> Name (Please Print)	Student <b>First</b> Name	Stony Brook ID (if unknown, provide SSN#)	
Home Phone number with area code ( )	Daytime (work) phone with area code ( )	Student Major <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	College <input type="checkbox"/> CAS <input type="checkbox"/> COB <input type="checkbox"/> SOMAS <input type="checkbox"/> CEAS <input type="checkbox"/> SOJ
Home address including street number, city and zip code		E-mail Address	

If you are newly admitted, and you are submitting this form prior to the Add/Drop deadline as outlined in the undergraduate academic calendar, you must re-apply through the Office of Undergraduate Admissions. **Re-admission is NOT GUARANTEED.**

**SECTION I: Obtain required signatures.**

- Are you studying on an F-1 or J-1 visa?**  
*If YES, signature from Visa & Immigration Services is required* → \_\_\_\_\_  
*Visa & Immigration Services Advisor*
- Are you a Student Athlete, EOP, Honors College, WISE, or University Scholars student?**  
*If YES, signature from your advisor is required* → \_\_\_\_\_  
*Advisor*
- Are you a freshman (first year student)?**  
*If YES, signature from your advisor is required* → \_\_\_\_\_  
*Undergraduate College Advisor or CEAS Advisor*

**SECTION II: Select term for semester withdrawal.**

**Fall** \_\_\_\_\_  **Spring** \_\_\_\_\_

You will be deregistered for future semesters if your current cumulative GPA is less than 2.0, or have withdrawn in any previous semester, or are in the College of Engineering & Applied Sciences.

**SECTION III: Select type of leave** (see definitions at beginning of document):

- University Withdrawal**
- Leave of Absence**
- Transfer to Other SUNY School**  
 Full-time enrollment verification required
- Medical Leave**  
 Medical Leave Support Form (or equivalent documentation that states support for a medical leave for the semester) and signature required  
 \_\_\_\_\_  
*Academic Advisor Signature Required*
- U.S. Military Leave**  
 Visit Office of Veterans Affairs in 347 Administration for required signature  
 \_\_\_\_\_  
*VA Office Signature Required*

Student Signature Required <small>THIS INDICATES THAT YOU HAVE READ AND FULLY UNDERSTAND ALL INFORMATION IN THIS DOCUMENT</small>	Date
---	------

# SUNY Korea Leave of Absence Questionnaire



The content of this questionnaire will be used only for the internal process and your personal information will be discarded immediately. Please submit this paper with your LOA request form.

Student Information			
Name		Student ID	
Department		Phone Number	
Entry Year and Semester	20 (____) <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Expected Semester of Return	20 (____) <input type="checkbox"/> Fall <input type="checkbox"/> Spring
Are you a Scholarship Recipient?	<input type="checkbox"/> Yes, I'm a (_____) Scholarship Recipient. <input type="checkbox"/> No		
Are you living on campus?	<input type="checkbox"/> Yes (You must visit IGC Housing Office to check out and request for a refund.) <input type="checkbox"/> No		

What is the main reason of your Leave of Absence?	
<input type="checkbox"/> Military Leave (Must attach Enlistment Letter)	<input type="checkbox"/> ARMY (육군) <input type="checkbox"/> NAVY (해군) <input type="checkbox"/> MARINE (해병) <input type="checkbox"/> AIR FORCE (공군) <input type="checkbox"/> Public Service Area (공익근무) <input type="checkbox"/> Others (그 외)
<input type="checkbox"/> Financial Reason	
<input type="checkbox"/> Academic Difficulty (Language / Major)	
<input type="checkbox"/> Transfer to another school	* To support the transition of your academic record, please leave the name of the institution
<input type="checkbox"/> Others (Please specify)	

Please describe your best experience at SUNY Korea

Please describe your most challenging experience at SUNY Korea

What would you like to see changed when you return to SUNY Korea

Thank you for your cooperation. We wish your continuous success with all our heart.

**Department of Academic and Student Affairs**