### SECTION I:

**Are you participating in a Stony Brook Study Abroad Program?**

*If YES, please indicate term you will re-enroll. *You are not required to fill out any additional information if you are enrolled in this program.*

**Are you studying on an F-1 or J-1 Visa?**

*If YES, signature from International Services is REQUIRED*

**Are you an E.O.P. Student?**

*If YES, signature from E.O.P. Advisor is REQUIRED*

**Are you an Honors College Student?**

*If YES, signature from Honors College Advisor is REQUIRED*

**Are you an Athlete?**

*If YES, signature from Athlete Advisor is REQUIRED*

**Are you a Freshman = First Academic Year?**

*If YES, signature from EITHER your Undergraduate College Advisor in Undergraduate Colleges, E-3071 Melville Library OR your CEAS Advisor in the Engineering Bldg. Room 127 is REQUIRED*

**Do you currently have less than a 2.0 Cumulative GPA and/or have withdrawn in a previous semester?**

*If YES, please initial across. University policy requires that you sit out a full Semester (Summer/Fall or Winter/Spring) term before you are able to return.*

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### SECTION II:

Read Definition of Terms on reverse side first- then select ONE option below:

- **Permanent University Withdrawal**
- **Leave of Absence**
- **U.S. Military Leave**
- **Medical Leave**
- **Transfer to Other SUNY School**

**Please indicate term you plan to re-enroll**

**Visit VA Office in 347 Admin.**

**Letter of a Medical Leave Support REQUIRED**

**Full-time Enrollment Verification from other SUNY School REQUIRED**

<table>
<thead>
<tr>
<th>Student Signature Required</th>
<th>THIS INDICATES THAT YOU HAVE READ AND UNDERSTAND ALL INFORMATION IN THIS DOCUMENT</th>
<th>DATE</th>
</tr>
</thead>
</table>

Complete this document and return it to the Office of the Registrar, 276 Administration Building, Stony Brook, NY, 11794-1101. Fax 631-982-7320. E-mail submission of this document is acceptable after obtaining all appropriate signatures.
IMPORTANT INFORMATION

Tuition Liability

Students who officially withdraw from the University or reduce the number of credits after the no-tuition liability deadline are still responsible to pay tuition and fees according to the Tuition Liability Schedule found on the academic calendar at www.stonybrook.edu/registrar. The first day of classes as scheduled by the University shall be deemed to be the first day that classes are offered, as scheduled by the academic calendar. Students who enroll for class(es) after the semester start date or start attending class(es) after the semester start date and then withdraw from class(es) are still responsible to pay tuition and fees in accordance with the Tuition and Fee Liability Schedule. The exception is for withdrawals from class(es) that are defined by the University Registrar's Office as late-start classes. Students are responsible for knowing their registration status, schedule, paying tuition bills in a timely fashion, and understanding and following the correct procedures to withdraw from classes.

Tuition Assistance Program (TAP)

Students who receive TAP awards and withdraw after the tuition liability deadline may jeopardize their eligibility for future TAP awards. Please consult with a TAP Representative in the Office of Registrar, 276 Administration Building, for further information.

DEFINITION OF TERMS

Permanent University Withdrawal

You will be permanently withdrawn from all current and future semesters and Stony Brook University. If you wish to return to the University in the future, you will be required to meet with an academic advisor and be rematriculated. Refer to the Undergraduate Bulletin for further information on the University’s Withdrawal Policy at www.stonybrook.edu/ugrbulletin.

Leave of Absence

You are withdrawing from classes corresponding to the term indicated on the front of this form, but you intend to return to the University in a future semester. Students in the College of Arts & Sciences, College of Business, School of Marine & Atmospheric Sciences, & School of Journalism can remain on a leave of absence for three consecutive semesters, following the semester in which the leave of absence was initiated. After three consecutive semesters without enrollment, returning students must rematriculate. Indicate your intended semester of re-enrollment on the front of this form. Students in the College of Engineering & Applied Sciences who take a leave of absence for any semester are required to complete rematriculation paperwork at the Registrar’s Office and then meet with their major advisor in order to re-enroll in any future term.

Students who take a leave of absence after classes begin with a cumulative GPA lower than 2.00 and/or have withdrawn in any previous semester must wait one full term to re-enroll in classes. Students taking a leave of absence in the fall term are eligible to return the following summer term. Students taking a leave of absence in the spring term are required to return the following winter term. Students are required to meet with an academic advisor before re-enrolling. A petition for a “Waiver of the Waiting Period” may be submitted. Refer to the Undergraduate Bulletin for further information on the University’s Leave of Absence and Returning Policy at www.stonybrook.edu/ugrbulletin.

U.S. Military Leave

You will be withdrawn from all classes corresponding to the term indicated on the front of this form because you are entering military service. Signature from an advisor in the Office of Veterans Affairs, 347 Administration Building, is required.

Medical Leave

You will be withdrawn from all classes corresponding to the term indicated on the front of this form due to a medical condition. You must submit the Medical Leave Support form or proper medical documentation, along with the Undergraduate Withdrawal/Leave of Absence Request form, to request a Medical Leave. Proper documentation consists of medical documentation from a medical practitioner and/or a hospital supporting your medical leave. A request for Medical Leave without the Medical Leave Support form or other proper documentation will be processed as a leave of absence.

Transfer to Other SUNY School

You will be withdrawn from all classes corresponding to the term indicated on the front of this form. You must submit proper enrollment documentation, along with this form, to request a transfer to other SUNY school. Proper documentation consists of full-time enrollment verification from another SUNY school for the corresponding term. A request for transfer to other SUNY school without proper documentation will be processed as a leave of absence.

RETURNING TO THE UNIVERSITY:

Leave of Absence: Students in the College of Arts & Sciences, College of Business, School of Marine & Atmospheric Sciences & School of Journalism will be approved routinely for return to the University during the three semesters following the one in which they withdrew if: a) the student leaves in good academic standing, b) there has been no previous withdrawal, and c) the student has no disciplinary action pending or in force. Students not meeting the above criteria are required to meet with an academic advisor and rematriculate to the University. Students in the College of Engineering & Applied Sciences who take a leave of absence for any semester are required to rematriculate to the University.

Medical Leave of Absence: All students returning from a medical leave of absence must contact the office of Counseling and Psychological Services (CAPS) before enrolling for any future semester.

Permanent University Withdrawal: Any continuing student that wishes to return after requesting a Permanent University Withdrawal must rematriculate to the University.

New Admits: Any new admit, whether transfer or freshman that submits a Leave of Absence or Permanent University Withdrawal prior to or within the first two weeks of the semester must contact the Admissions Office if they intend to return to the University. Readmission is based on availability and students are not guaranteed acceptance. New admits that submit a Leave of Absence or Permanent University Withdrawal after the first two weeks of the semester must follow the same guidelines as outlined above.

Student Responsibility

Students are responsible for reviewing, understanding, and abiding by the University’s regulations, procedures, requirements, and deadlines as described in official publications, including, by way of example only, the Undergraduate Bulletin, the University Conduct Code, the Student Handbook, and this Undergraduate Withdrawal Request Form.

Office of Registrar Rev. 12/10/15
Medical Leave Support
Registrar’s Office
Complete this form only when requesting a Medical Leave.

Section I: To be completed by student and accompanied with the Undergraduate Withdrawal Request Form.

_________________________________________  ____________________________
Student’s name                             SBID# or SS#

☐ I am requesting a medical leave for the _____________________. The last date I attended class
was on _____________________.
(MM/DD/YY or enter N/A if never attended.)

Section II: To be completed and signed by a licensed medical doctor.

Doctor’s name: ___________________________  ____________________________
Print Name                             Office Phone
Address
_________________________________________
_________________________________________
_________________________________________
Mr/Mrs. _________________________ is unable to attend school during the ____________ Semester.

Patient’s Name

We support/recommend a medical leave for the above named individual due to:
☐ Injury
☐ Illness
☐ Other ____________________________________________________________

Hospitalization: If individual was hospitalized, please check and enter dates of hospitalization:
☐ Yes, the above individual was hospitalized from _______________ to _______________.
(MM/DD/YY)                  (MM/DD/YY)

Doctor’s comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Doctor’s Signature: ___________________________  ____________________________
Signature                             Print Name