Cohort Leave of Absence or Return from Absence Form

Submit this completed form to SPD no later than the tenth day of the scheduled class for each term in which you will not be enrolling, or for when you are resuming your studies with your cohort. Forms received after this date will subject the student to tuition liability if taking a leave of absence; OR prevent enrollment for the desired term when resuming studies.

- Cohort students will be automatically enrolled by SPD each term into each course of the cohort program.
- The last day to add or drop a course without tuition liability is Day 10 of the term. Note: "Day 10" is the tenth day counting from the first meeting of the class (not including weekends).
- Missed courses will need to be made up by enrolling in on-campus or online course offerings, or waiting until the course is offered again at the student’s assigned Cohort location. Changing cohort locations is not permitted.

Stony Brook (SB) ID # __________________________ Required Date ________________________________

Name ___________________________ Phone __________________________

Last First Mi

Stony Brook E-mail: __________________________

Choose either box below:

Name of Degree or Non-Matriculated Program: __________________________

Semester that student will miss: (Circle One) Fall Spring Summer 20________

Name of Cohort and Location: __________________________

Semester that student will resume studies: (Circle One) Fall Spring Summer 20________

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge, and that I understand the terms of this request.

Signature of Student ___________________________ Required Date ________________________________

The following section must be completed with the appropriate signatures. STUDENT: DO NOT WRITE BELOW LINE.

Instructor or GPD ___________________________ Signature ___________________________ Date ___________________________ Print Name ___________________________ Date ___________________________

Org. Administrator ___________________________ Signature ___________________________ Date ___________________________ Print Name ___________________________ Date ___________________________

_____ Approved & Processed ___________________________ Date ___________________________

_____ Not Approved ___________________________ Date ___________________________