



### 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 if 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 (does not include weekends).
- Missed courses will need to be made up by enrolling in on-campus or online course offerings.

Stony Brook (SB) ID # \_\_\_\_\_  
Required

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Mi

Phone \_\_\_\_\_

Stony Brook E-mail: \_\_\_\_\_

*Choose as appropriate below:*

Name of Degree or Non-Matriculated Program: _____	<input checked="" type="radio"/> Semester that student will miss: (Circle One) Fall Spring Summer 20____
Name of Cohort and Location: _____	<input checked="" type="radio"/> Semester that student will resume studies: (Circle One) Fall Spring Summer 20____
<input checked="" type="radio"/> I am discontinuing my association with this cohort entirely. I understand that if my student status is in good standing, I can choose to continue my studies as a non-SUTRA Traditional or Online student.	

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	_____ Print Name	_____ Date
Org Administrator	_____ Signature	_____ Print Name	_____ Date

_____ <b>Approved &amp; Processed</b>	_____	_____
_____ <b>Disapproved</b>	School of Professional Development (SPD)	Date