

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

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You will be deregistered for future semesters if your current cumulative GPA is less than 2.0, or have withdrawn in any previous semester, or are in the College of Engineering & Applied Sciences.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