

LEAVE OF ABSENCE

York College, CUNY

SEEK PROGRAM



Please **PRINT ALL INFORMATION:**

COMPLETE THIS FORM, provide a brief explanation for this request and secure all applicable signatures.

First Name: _____ Last Name: _____ MI: _____

EMPLID: _____ Current Major: _____

Current Address:

Street: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Telephone Number(s): _____

LEAVE OF ABSENCE

If you intend to return to CUNY York College within three semesters and want to preserve your eligibility in the SEEK Program, you should request a LEAVE OF ABSENCE. A leave of absence may be taken for a **maximum of three consecutive semesters** (if you are leaving during the current semester, it counts as one of the three). **If you do not return to CUNY York College within the stated time period, you will automatically lose your eligibility for the SEEK Program.**

EFFECTIVE SEMESTER FOR LEAVE OF ABSENCE: _____

EXPECTEED SEMESTER OF RETURN: _____

SELECT REASON FOR LEAVE OF ABSENCE:

- Academic Employment Financial Housing Maternity/Paternity Medical Judicial Military
Personal/Family Psychological Other

Briefly describe your reason for requesting a leave of absence:

Please read and acknowledge the following:

- Students must apply and receive approval prior to taking a leave of absence.
- The maximum length of time for a leave of absence shall not exceed three (3) consecutive semesters.
- A student may be granted one waiver during their participation in an opportunity program.
- A SEEK student is allowed ten (10) semesters of opportunity program eligibility.
- A College Discovery (CD) is allowed six (6) semesters of opportunity program eligibility.
- Opportunity programs include SEEK, College Discovery, HEOP, and EOP. The total number semesters a student may accumulate participation in all opportunity programs shall not exceed ten (10) semesters.
- A student may appeal the decision received for his/her application to his/her program director.

Student's Full Name: _____ EMPLID: _____

By signing this form, I am certifying that I understand the conditions of this request

Student's Signature: _____ Date: _____

Signatures (**REQUIRED**)

Obtain all applicable signature before submitting this form:

Signature of SEEK Counselor: _____ Date: _____

Send completed and signed form to the SEEK Director for final approval

Approval Granted: _____ Approval Denied: _____

Reason(s):

Signature of SEEK Director

Hopeton Allen :

_____ Date: _____

STUDENT APPEAL DECISION

Appeal Submitted: Yes: _____ No: _____ Date: _____

Final Decision:

