

# WAGNER COLLEGE

## CENTER FOR ACADEMIC AND CAREER ENGAGEMENT STUDENT LEAVE OF ABSENCE FORM

A LEAVE OF ABSENCE IS GRANTED FOR ONE SEMESTER, AND AT THE STUDENT'S REQUEST MAY BE EXTENDED TO A MAXIMUM OF TWO ACADEMIC SEMESTERS. AFTER A PERIOD OF ONE YEAR THE LEAVE OF ABSENCE WILL AUTOMATICALLY TURN INTO A WITHDRAWAL FROM WAGNER COLLEGE.

A LEAVE OF ABSENCE FEE OF \$25 WILL BE BILLED TO YOUR COLLEGE ACCOUNT

.....  
(Please Print)

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ID# \_\_\_\_\_ FACULTY ADVISOR \_\_\_\_\_

NON WAGNER EMAIL ADDRESS: \_\_\_\_\_

SEMESTER LEAVE REQUESTED FOR \_\_\_\_\_

PLEASE CIRCLE ONE: COMMUTER / RESIDENT MAJOR \_\_\_\_\_ G.P.A. \_\_\_\_\_

PLEASE CIRCLE ONE: FEMALE / MALE / TRAN PLEASE CIRCLE ONE: FR/ SO / JR / SR / GRAD

REASON FOR REQUESTING LEAVE OF ABSENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

**PLEASE RETURN THIS FORM TO:**

**The Center for Academic and Career Engagement**

Wagner College, One Campus Road

Staten Island, NY 10301

Phone: 718-390-3416 Fax: 718-420-4012 Email: cace@wagner.edu

***For office use only:***

*Leave of Absence granted for* \_\_\_\_\_

*Effective Date of LOA* \_\_\_\_\_

*Anticipated Grad Date* \_\_\_\_\_

\_\_\_\_\_  
CACE Advisor Signature

\_\_\_\_\_  
Date