

Comments:

Return from General Leave of Absence

Office of the Registrar 101 Bresee Hall Hartwick College Oneonta, NY 13820 Tel: 607-431-4460; Fax: 607-431-4260

Please complete this form and return it to the Registrar's Office at least ten days prior to the start of the term and before the student may pre-register for courses. Contact the Perrella Wellness Center if returning from a medical leave of absence.

Name:	Date:
Hartwick ID#:	Phone #:
Address:	
Anticipated Graduation Date:	I am returning for (check one): Fall Spring Year:
Please provide answers to the question	ons listed below (required)
How have you spent your time during your request that an <i>official transcript</i> be sent to	leave of absence? If you have completed courses elsewhere, please list (and remember to Hartwick).
What are your plans for continuing your ac-	rademic program and progressing through the curriculum toward graduation?
Where are you planning to live when you re	eturn?
I understand and agree to the conditio	ons as they are presented on this form.
Student's Signature	Date
PLEASE NOTE:	
	cademic Advising, your last advisor of record will be reassigned to you. al or otherwise) on their record must have these holds cleared before their return can be
Students who were not in good aca	ademic standing at the time of the leave of absence request will return to the same ose Scrutiny Probation) when they left
• If there are no holds on your accou	unt, you may register for classes during or after pre-registration (see academic calendar). approval and instructor's permission if so indicated in the course schedule.
Office Use Only	
Registrar's Signature	Date