

Continuous Enrollment / Leave of Absence Form 1/2007

INSTRUCTIONS:

1. Complete all requests for information in the white box below
2. Attach completed Registration Transaction Form (RTF)
3. Attach all supporting documentation (e.g., Doctor's letter, Military Orders, etc.)
4. Have your Faculty Advisor complete the 'Faculty Advisor Section'
5. Submit this form w/ attachments to the SEAS Associate Dean's Office—Tompkins Hall, Room 101

EXPLANATION OF TERMS:

Continuous Enrollment—Applies only to students having completed all requirements for graduation and awaiting graduation at the end of the semester. This status also applies to students on Cooperative Education Work Assignment and taking no classes. No telephone registration is permitted.

Leave of Absence—Applies to students temporarily transferred out of the area (e.g. short-time military or business transfer to another location) and students hospitalized or under physician's care for a medical problem which prevents study (documentation is required). Leave of Absence registration may be initiated via telephone through your department.

ADDITIONAL NOTES:

Course Registration Number (CRN), Department Code, Course Number, Section Number & Credit Hour information for Continuous Enrollment and Leave of Absence can be obtained from your department office, the SEAS Undergraduate Records & Advising Office (Tompkins-104), or the SEAS Associate Dean's Office (Tompkins-101)

The registration category Continuous Research applies to graduate students who have satisfactorily completed all credit hour requirements for their programs, but need more time in residence to complete research, prepare Dissertation/Thesis, or prepare for and take the Doctoral Qualifying Examination. One credit hour of Continuous Research must be taken each fall and spring semester until ALL requirements are complete. Continuous Research registration may be initiated via telephone through your department. This form does not apply to requests for Continuous Research.

Student Name: _____ GWID: _____	
<small>(please print clearly)</small>	<small>(Last) (First)</small>
Semester: _____	Major: _____ Dept.: _____
Level (circle one):	Graduate Undergraduate
Status Requested (circle one):	Continuous Enrollment Leave of Absence
Reason(s) for Request (If additional space is needed, use the back of this form):	

Student Signature: _____	Date: _____

THIS SECTION IS TO BE COMPLETED BY THE FACULTY ADVISOR

Faculty Advisor Name (please print clearly): _____ **Date:** _____

Faculty Advisor Signature (signature constitutes advisor approval) : _____

