

Academic Leave Date Changes & Cancellations

Brooklyn College of The City University of New York

HRS Only

Section 1: Completed by Faculty Member

Last Name	First Name	Empl ID
Department		Title

Academic Leave Type:

Fellowship Leave Scholar Incentive Award Special Leave of Absence Other Academic Leave

Original Leave Period(s): Semester 1: _____ Semester 2: _____ <i>(if applicable)</i>	→	Requested Change to Leave Period(s): Semester 1: _____ or <input type="radio"/> Cancel Semester 2: _____ or <input type="radio"/> Cancel <i>(if applicable)</i>	Are there any significant changes to the purpose or activities of your leave, as described on your original application? <input type="radio"/> Yes <input type="radio"/> No If yes, attach a description of these changes.
Faculty Member Confirmation			
Signature		Today's Date	

Reason/Rationale for Date Change:

Change Request Deadline: Fall Semester: March 30 // Spring Semester: October 30

General Guidelines: Changing the dates (semesters) of your academic leave is permissible, but all requests are subject to review and approval and the following restrictions:

- The academic leave must *begin* in the same academic year as your original application. If you wish to delay the start of the leave until a later academic year, you must request a full cancellation of your leave and submit a new application/reapply.
- Generally, "split leaves" (fall+fall, spring+spring, fall+spring) will not be approved to extend into a third academic year. As an illustration, if you were originally granted a Spring 2001 and Spring 2002 Fellowship Leave, a request to change the second half of your leave to Fall 2002 would not be approved.

Section 2: Review and Approval

Department Appointments Committee Recommendation: <input type="radio"/> Recommend <input type="radio"/> Not Recommend	School Dean Approval: <input type="radio"/> Approved <input type="radio"/> Not Approved
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Department Chair Signature	Today's Date	Dean's Signature	Today's Date
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Comment: _____

Comments – POFA	Comments – HRS
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