$\label{eq:constraint} Emailthis form to the Office of Academic Advising@skidmore.edu(CE \} u ~ s ~ v ~ [• ~ 1] ~ u \} CE$

| Last Name | FirstName | Class Year | Skidmore ID# |
|--------------------|-----------|--------------|--------------|
| Faculty AdvisoName | | StudentPhone | StudentEmail |

The maximum duration of a leave is two sequential semesters. If you do not return to study in the semester indicated, you will be administratively withdrawn from the College and may apply for readmission

First-year studentsapplying for a fall