

**New York University
Standard Student Leave Request Form**

This Leave Request Form must be typed or printed in ball point pen. The Form may be completed by a school administrator when accompanied by signed student correspondence.

Student Name _____ Student ID: _____
(Last) (First) (MI)

Mailing Address _____ Permanent Address: _____
(Street) (Street)

(City) (State) (Zip) (City) (State) (Zip)

Current Phone: _____ Phone during Leave _____ E-mail Address: _____

Department _____ (Grad/Undergrad)

Total Number of Credits Completed: _____

Total Number of Credits in Progress: _____

Semester(s) for which Leave is Requested: _____

Semester of Expected Return: _____

Dates of Previous Leaves Taken: _____

Reason for current leave request (please check one): Medical (UHS/UCS) _____ Academic _____

National Service _____ Financial _____ Personal _____ Other (please specify) _____

Please attach to this form all narrative explanations and official documentation, where required, in support of the leave of absence request. *Note: Request for Medical Leave of Absence MUST be accompanied by a physician's letter specifying the date of onset of illness and expected date of return as well as note from NYU Health Services or Counseling Services..*

Do you live in an NYU Residence Hall? Yes No Do you receive Financial Aid? Yes No

Are you currently registered for courses at NYU? Yes No *Note: Filing a Leave of Absence request form does not constitute withdrawal from classes. In order to withdraw, you must complete the application and procedures at: <https://www.nyu.edu/registrar/withdrawal/?ref=HM>.*

*Note: **International Students:** If you are on an international student visa, please read section below regarding student visas.*

Date Request Submitted: _____ Student Signature: _____

STUDENT: PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM. YOUR REQUEST WILL BE INVALID WITHOUT YOUR AGREEMENT TO THE TERMS ON THE REVERSE SIDE OF THIS FORM.

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Student's GPA _____ Points Completed _____ Points Incomplete _____

Academic Standing: Good Standing ___ Academic Probation ___ Disciplinary Action ___

Dept. Approval: Yes ___ No ___ _____

(Please sign, date, and note comments below.)

Semester(s) of Leave _____

Semester of Return _____

Is this a request for an extension of a current LVOA? (Y/N) _____

Did you issue a refund for the semester requested for leave for tuition? Y/N For fees? ___ Partial? ___ Full? ___

Student Affairs Approval Signature Date

Distribution (please check all that apply):

___ Registrar ___ Health Insurance

___ OISS ___ Academic Program

___ VPSA Office, Tom Grace

___ Student

PLEASE CAREFULLY READ THE FOLLOWING TERMS:

- § I will adhere to all terms and conditions of my leave of absence and my return from such an absence as set forth by the Dean of my school.
- § I understand that a leave of absence from New York University precludes me from taking courses at another academic institution without prior approval from my academic program, department, or school.
- § I understand that I may not be entitled to continue using NYU services (computer, e-mail access, library, Coles, etc.) during my period of leave.
- § I will discuss all course requirements affected by this leave with my academic advisor.
- § I am aware that a leave of absence does not exempt me from student loan repayments, and I must adhere to all deadlines for future financial aid applications.
- § If I live in a residence hall, I will contact the Housing Office (998-4600) regarding the change in my residential status as well as adhere to payment and registration deadlines. Should I petition to live in housing upon my return to New York University, I fully understand university housing may not be guaranteed upon my return from a leave.
- § I understand that if my leave of absence is approved, I may be eligible for continuing enrollment in an NYU-sponsored Student Health Insurance Plan at my own expense. The Leave of Absence Enrollment form can be downloaded from www.nyu.edu/health/insurance or requested from the NYUHC Student Health Insurance Services Office at (212) 443-1020 or Chickering Claims Administrators, Inc. at (800) 466-4148.

- § I must inform my academic program, department, or schools at least six (6) weeks (or earlier) prior to the registration session for the semester of my return. I am aware that my leave may affect my ability to pre-register for the semester of my return.
- § I must inform the Housing Office at least six (6) weeks (or earlier) prior to registration for the semester in which I am scheduled to return that I am interested in campus housing. I must also inform the Moses Center at least six (6) weeks prior to registration of my intended return if I was registered with the Center before taking a leave of absence.
- § If my medical leave is based on a medical or psychological condition, I will obtain a recommendation for return from my health care provider and I will authorize the release of any relevant information necessary to assess my readiness to return. I understand that I must be assessed by the university Counseling Services (998-4780) and/or the University Student Health Center *before* taking the leave as well as upon *request for return* in order to expedite the process. They will provide me with a “certification of readiness form” to return to school.
- § If I am on an *international student visa*, I must contact the Office of International Students & Scholars at (212) 998-4720 and go over the status and requirements pertaining to my matriculation while on a leave from the university.

I have read and understand the above terms pertaining to my leave of absence request.

Student's Signature

Date

(Your request will be considered invalid without your signature.)