

**LEAVE OF ABSENCE APPLICATION**

**Name:** \_\_\_\_\_ **NYU ID: N** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
 (Street Address) (Apartment #)  
 \_\_\_\_\_  
 (City) (State) (Zip code)

**Phone during leave:** (\_\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Adviser:** \_\_\_\_\_

**Academic Program:** \_\_\_\_ UG \_\_\_\_ GG **Earned Hours:** \_\_\_\_\_ **No. of "I" grades:** \_\_\_\_\_

**TO BE COMPLETED BY ALL STUDENTS**

- 1) **Did you complete registration for the current semester?** \_\_\_\_ No \_\_\_\_ Yes  
 (If Yes, you must officially withdraw from your current courses. Tuition refunds are determined by the policy and refund schedule published on the Office of the Bursar website.)
- 2) **Are you living in University Housing?** \_\_\_\_ No \_\_\_\_ Yes (If Yes, please contact NYU Housing at 212-998-4600.)
- 3) **Do you receive Financial Aid?** \_\_\_\_ No \_\_\_\_ Yes (If Yes, specify type \_\_\_\_\_.)
- 4) **Are you an International Student?** \_\_\_\_ No \_\_\_\_ Yes (If Yes, specify visa status \_\_\_\_\_.)  
 (If Yes, International students must contact the Office of Global Services at 212-998-4720.)
- 5) **Reason for the Leave of Absence (please explain briefly):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I request a *Leave of Absence* for the term: Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_

I intend to return: Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Summer 20\_\_\_\_\_

***I understand that a Leave of Absence does not carry a fee. I understand I do not have access to University facilities unless written permission from the Associate Dean of Students or a representative is issued. If my Leave of Absence extends beyond two (2) consecutive academic semesters, I understand that I may be required to apply for readmission.***

\_\_\_\_\_  
 Student's Signature Date Authorized Signature Date  
 (For information regarding maintaining matriculation and obtaining access to facilities, please contact the Office of Student Affairs at 212- 998-7380 or email studentaffairs.gallatin@nyu.edu)

**OFFICE USE ONLY**

\_\_\_\_ Warning \_\_\_\_ Probation \_\_\_\_ GPA NOTIFIED REQUIRED OFFICES: \_\_\_\_\_  
 \_\_\_\_ STUDENT LETTER T. Grace \_\_\_\_ CWS \_\_\_\_ Registrar \_\_\_\_ Housing \_\_\_\_

## PLEASE CAREFULLY READ THE FOLLOWING TERMS

- I understand that a Leave of Absence from New York University precludes me from taking courses at another academic institution. I will discuss all course requirements affected by this leave with the Office of Advising.
- Leaves of Absence are limited to two consecutive semesters. I understand if my Leave of Absence extends beyond two consecutive semesters, I must apply for readmission to Gallatin.
- 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.
- I understand that while on Leave of Absence I am *not covered* by any NYU-sponsored Student Health Insurance Plan. I may be eligible for health insurance if I was enrolled in a plan the prior semester. Leave of Absence applications for student health insurance can be submitted online at [www.chpstudent.com/nyu](http://www.chpstudent.com/nyu).
- If I live in a residence hall, I will contact the Housing Office (212-998-4600) 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 understand housing may not be guaranteed upon my return from leave.
- If I am taking a medical Leave of Absence for a physical condition, I will obtain a recommendation for my return from my physician or medical care provider. This documentation may be mailed to the Office of Student Affairs at Gallatin, 1 Washington Place, 5<sup>th</sup> floor, New York, NY 10003, or faxed to 212-995-4837, or emailed to [studentaffairs.gallatin@nyu.edu](mailto:studentaffairs.gallatin@nyu.edu).
- If I am taking a medical Leave of Absence for counseling reasons, I must receive approval from a counselor at NYU's Counseling and Wellness Services (CWS) before taking the leave. If I am currently seeing a counselor or therapist outside of NYU, I must schedule an appointment with a CWS counselor, and submit a letter of recommendation for the leave to Counseling and Wellness Services, 726 Broadway, NY, NY 10003. I agree to pursue appropriate treatment during the time I am on leave. One month before the semester of my return, my counselor/therapist must complete a Certificate of Readiness to Return, which must be sent to CWS. I must also schedule an appointment to meet with a CWS counselor for approval to return (212-998-4780).
- It is my responsibility to be informed of the registration period for the semester I plan to return, and to obtain the class schedules online when they are available. It is also my responsibility to meet with my class adviser or Rahul Hamid, Director of Student Affairs, well in advance of the date on which I will register for classes. I am aware that conditions of my leave may affect my ability to register for the semester of my return during the normal registration period.
- If I am not a U.S. citizen, I will contact the Office of Global Services (212-998-4720) and review the requirements pertaining to my visa status while on a leave from the University. International students whose home countries require students to perform two years of military service will not need to apply for readmission after a Leave of Absence for military service, provided that they meet the following conditions: (1) they are on leave for only four regular semesters (Fall and Spring); (2) they provide written proof of their military service during the leave time period; and (3) they provide proof of an honorable discharge. (Any English translations of necessary documentation must be provided by accredited third-party translators.) Students on a military Leave of Absence who fail to meet these conditions must apply for readmission with no guarantee of acceptance.

**I have read and I understand the above terms pertaining to my Leave of Absence request:**

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Student Signature

Date Submitted

**Your request will be considered invalid without your signature  
A copy of your signed terms will be sent to you with your Leave of Absence confirmation letter**