

RETURN FROM LEAVE OF ABSENCE APPLICATION

Name: _____ **NYU ID N** _____

Permanent Address: _____
 (Street Address) (Apartment #)

(City) (State) (Zip code)
Phone: (____) _____ **E-mail:** _____

Cell Phone: (____) _____ **Adviser:** _____

Academic Program: ____ UG ____ GG **Earned Hours:** _____ **No. of "I" grades:** _____

Reason for the Leave of Absence: ____ Personal ____ Medical

Semester(s) for which Leave of Absence was requested: Fall 20 _____ Spring 20 _____

Semester of Return: Fall 20 _____ Spring 20 _____ Summer 20 _____

1) **Do you want to live in NYU housing?** ____ No ____ Yes (*If Yes*, please contact University Housing at 212-998-4600.)

2) **Do you receive Financial Aid?** ____ No ____ Yes (*If Yes*, you are responsible for adhering to all application submission deadlines. Please contact the Office of Financial Aid at 212-998-4444 for further information.)

3) **Are you an International Student?** ____ No ____ Yes (*If Yes*, please contact the Office of Global Services at 212-998-4720 to discuss your return.)

4) **Have you taken any classes while out on a Leave of Absence?** ____ No ____ Yes

Please note that if you were on Official Warning or Academic Probation when your Leave of Absence was approved, you will return to the same conditions.

 Student's Signature Date Authorized Signature Date

OFFICE USE ONLY			
____ Warning	____ Probation	____ GPA	NOTIFIED REQUIRED OFFICES: _____
____ STUDENT LETTER	T. Grace ____	CWS ____	Registrar _____ Housing ____