



For students who intend to leave the University and then return at some future time. Please note: Without filing this form, readmission may be denied. A leave of absence is granted for a maximum of one semester per 12-month period.

Student's Name \_\_\_\_\_ YU ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Period for which leave is desired—specify semester (check one)  Fall 20\_\_\_\_  Spring 20\_\_\_\_

Registered for courses for the semester(s) leave is desired  Yes  No

School(s) from which leave is requested (check all that apply)

Undergraduate:  KATZ  SCW  SSSB  YC

Graduate:  AGS  BRG  CSL  FGS  KATZ  RIETS  SCW  SSSB  WSSW

*Please note: If you plan to take courses for credit at another institution, you will need permission from your program beforehand. Please check with your advisor and/or the registrar staff to determine which paperwork is required. Some programs do not allow outside coursework, please review the policies in your school's academic catalog. Cardozo Law students: In order to return, a re-enrollment deposit of \$1,000 is required—please see the Registrar for payment schedule. The deposit is non-refundable but will be applied toward tuition. Lockers must also be vacated.*

Reason for requested Leave of Absence

\_\_\_\_\_  
\_\_\_\_\_

Last date of attendance \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

*Student submits form to the Office of the Registrar*

**FOR OFFICE USE ONLY**

Office of the Registrar:

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Registrar submits form to the Dean/Program Director*

Dean/Program Director:

Comments \_\_\_\_\_

Approved  Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

*Dean/Program Director submits form to the Registrar to be processed*

Processed by \_\_\_\_\_ Date \_\_\_\_\_

**Beren Campus:** 215 Lexington Avenue, 6th Floor, New York, NY 10016 | P: 646.592.4180 | F: 212.340.7837 | E: berenregistrar@yu.edu  
**Brookdale Center:** 55 Fifth Avenue, C1040, New York, NY 10003 | P: 646.592.6280 | F: 212.790.0341 | E: brookdaleregistrar@yu.edu  
**Resnick Campus:** 1165 Morris Park Avenue, Bronx, NY 10461 | P: 646.592.4515 | F: 718.430.3960 | E: resnickregistrar@yu.edu  
**Wilf Campus:** 500 West 185 Street, Room 114, New York, NY 10033 | P: 646.592.6270 | F: 212.960.0004 | E: wilfregistrar@yu.edu