



### Leave of Absence Request

Name \_\_\_\_\_ Student ID (N#) \_\_\_\_\_  
Last Name First Name MI

Which program are you enrolled in?  BS in Business  BPE  BS/MS  BS/BFA  BTE

International Student<sup>1</sup>:  Y  N

Leaves of Absence are granted for a period of up to two semesters in a student's career at the Undergraduate College. The typical period for a Leave is one semester, but students may request a second semester as well. Students on an Unauthorized Leave must apply for readmission to the Undergraduate College with no guarantees of acceptance<sup>1</sup>.

Leaves are not granted after the ninth week of the term except for compelling personal or medical reasons. Refund percentages are based on the University Bursar's schedule of refunds and are not granted after the second week of the term. Students are responsible for financial aid renewal and housing applications while on a Leave of Absence.

**Reason for Leave of Absence:**

Medical<sup>6,7</sup>  Financial  Personal  Military<sup>9</sup> (specify: \_\_\_\_\_ )

Duration:  1 term  2 terms  4 terms (*military leave only*) Start Term: \_\_\_\_\_ Return Term: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Are you currently on academic probation?  Y  N

Number of credits currently in progress: \_\_\_\_\_ Do you receive financial aid?  Y  N

Number of credits earned: \_\_\_\_\_ Do you reside in university housing?  Y  N

**Contact information (during leave):**

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

NYU-Stern Email: \_\_\_\_\_

Personal email (Non-NYU/Stern): \_\_\_\_\_

Phone Number: \_\_\_\_\_

- I have reviewed and discussed the Family Educational Rights and Privacy Act (FERPA) with an adviser.
- I have reviewed the policy on leaves of absence and accept these terms. I have discussed the alternatives and implications of a Leave, and respectfully petition the Office of Undergraduate Advising for approval.

\_\_\_\_\_  
Student Signature Adviser Signature Date

## PLEASE CAREFULLY READ THE FOLLOWING TERMS:

1. Personal Leaves of Absence are limited to two semesters. I understand if my Leave of Absence extends beyond two consecutive semesters, I must apply for readmission to Stern.
2. 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.
3. I understand that my NYU ID card will be deactivated while I am on a leave and I will not have access to University facilities for the duration of my leave. Access to NYU systems (Albert, Connect, email, etc.) will remain active.
4. I understand that while on Leave of Absence I *may not be 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 and inquiries can be sent to [health.insurance@nyu.edu](mailto:health.insurance@nyu.edu).
5. 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.
6. 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 must be submitted to my provider at the Student Health Center.
7. If I am taking a medical Leave of Absence for mental health reasons, I must receive approval from a counselor at NYU's Counseling and Wellness Services (CWS) before taking the leave. I understand that I will be expected to be on leave for one full semester or its equivalent, which is four months. 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. 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 (212-998-4780) who will make a recommendation for return based on a clinical assessment, the Certificate of Readiness to Return, and my having engaged in consistent treatment while on leave.
8. It is my responsibility to plan for the [registration period](#) for the semester of return, and to obtain the class schedules on Albert when they are available. It is also my responsibility to meet with my adviser 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.
9. 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 at the time of requesting a leave from the University, and at least 2-3 months before I plan to return to the University from my absence. International students whose home countries require students to perform up to 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.
10. I understand that a Leave of Absence from New York University may preclude me from taking courses at another academic institution. Exceptions may be granted under special circumstances and must be approved by the Student Health Center and the Office of Academic Advising at Stern. I will discuss all course requirements affected by this leave with the Office of Advising.

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

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*Student Signature*

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*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.**