



REQUEST FOR LEAVE OF ABSENCE

Office of the Registrar, NYU Shanghai
Geography Building, Room 305, ECNU Campus
phone: 021 5109 0875; email: shanghai.registrar@nyu.edu

Name: _____ Net ID _____ NYU N number: N _____

Address: _____
(number and street) (apt) (city)

Phone Numbers: _____
(cell) (permanent)

Email Address: _____
(NYU email) (other email)

Date Leave of Absence Request Initiated _____

All Students: Before requesting a leave of absence, all students are advised to consider the effects of a leave of absence on their degree progress, enrollment, academic standing, visas, financial aid, deferment of student loans, and access to campus resources such as housing or health services.

☐ For a NEW leave of absence: Indicate the term(s) for which you are requesting an approved leave of absence (leaves will not be granted for more than one year):

- a) The term your leave will begin (check one): ☐ Fall ☐ Spring Academic Year _____ - _____
b) The term in which you will re-enroll (check one): ☐ Fall ☐ Spring Academic Year _____ - _____

☐ For an EXTENSION of a leave of absence, indicate the following (extensions will not be granted for more than one year at a time):

- a) The term your present leave began (check one): ☐ Fall ☐ Spring Academic Year _____ - _____
b) The term your present leave will end (check one): ☐ Fall ☐ Spring Academic Year _____ - _____
c) The term in which you wish to re-enroll (check one): ☐ Fall ☐ Spring Academic Year _____ - _____

Reason: Please select your reason for requesting this leave; attach additional typed statement if necessary.

- ☐ Financial ☐ Academic Difficulty ☐ Other (please specify) _____
☐ Personal ☐ Health

Student Signature: By signing below, I certify that the information contained on this form is true and accurate. I understand misrepresentations of fact are a violation of the Community Commitment to Integrity.

Student Signature _____ Print Name _____ Date _____

Academic Advisor Signature _____ Print Name _____ Date _____

Associate Dean for Academic Affairs Signature _____ Print Name _____ Date _____

DEAN OF STUDENT AFFAIRS USE ONLY

Comments/Requirements: _____

Dean of Student
Affairs: _____

Print Name

Signature: _____

Date: _____

☐ Return is conditional upon the Dean of Student Affairs' Permission

REGISTRAR USE ONLY

☐ APPROVED ☐ DENIED ☐ POSTPONED DATE: _____

REFUND TYPE: ☐ FULL ☐ PRO RATA ☐ DENIED EFFECTIVE DATE OF REFUND: _____