



## 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: \_\_\_\_\_