

Tandon School of Engineering
Medical Leave of Absence Request Form

Please read and sign the reverse from. Your request will be invalid without a completed form, a letter and your agreement to the terms on the second page of this form.

Date Request Submitted: _____

Student Name: _____ N Number: _____
(Last) (First) (MI)

Current Address: _____ Permanent Address: _____
(Street) (Street)

_____ (City) _____ (State) _____ (Zip) _____ (City) _____ (State) _____ (Zip)

Cell Phone: _____ Email Address: _____

Best Method of Contact: _____ Department: _____ Undergrad Grad

Semester(s) for which Leave is requested _____ Semester of expected return _____

Have you been granted a prior Medical Leave of Absence? Yes No

Is this an extension of a current Leave? Yes No

If yes to either question above, for which semester(s) were you granted a Leave? _____

Please Note: A request for a leave for medical reasons must be approved by Counseling and Wellness Services and/or the Medical Services Division of the Student Health Center.

Do you live in a Residence Hall? Yes No (If Yes, carefully read the second page of this form)

Do you receive Financial Aid? Yes No (If Yes, please read the note on the second page of this form)

Are you a U.S. Citizen? Yes No (If No, please read the note on the second page of this form)

Are you registered for NYU courses during the semester for which you are requesting a Leave? Yes No

(Please note: A Leave of Absence does not withdraw you from classes. In order to withdraw, you must complete and process a drop form with your department immediately.)

FOR STUDENT AFFAIRS USE ONLY – DO NOT WRITE IN THIS AREA

Associate Dean for Student Affairs Approval Signature _____ Date _____

FOR REGISTRATION SERVICES USE ONLY –DO NOT WRITE IN THIS AREA

Request Processed: _____ Date Processed: _____ Processed By: _____

PLEASE CAREFULLY READ THE FOLLOWING TERMS:

I understand that a Leave of Absence from New York University precludes me from taking courses at another academic institution.

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.

If I live in a residence hall, I will contact the Housing Office 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 must notify the Office of Student Affairs of my return three to six weeks prior to registration so that I will be reactivated in the system. I must also inform my academic department four weeks prior to my registration session for the semester of my return so that I can be advised for registration. I am aware that my leave may affect my ability to pre-register for the semester of my return.

If I am requesting a leave for medical reasons, it requires approval from Counseling and Wellness Services and/or the Medical Services Division of the Student Health Center.

If I have NYU Student Health Insurance and I want to continue coverage for 90 days while on a Leave, I will contact Student Health Insurance Services at 212-443-1020.

If I am **not** a United States citizen, I must contact the Office for International Students & Scholars and go over the status and requirements pertaining to my matriculation while on a leave from the University.

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

Student's Signature

Date

(Your request will be considered invalid without a letter, a complete form and your signature.)