



# Yeshiva University

## OFFICE OF THE REGISTRAR

Beren:	215 Lexington Avenue, 6 <sup>th</sup> Floor	New York, NY 10016	Phone 212 340 7777	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Ferkauf:	1165 Morris Park Avenue, Rousso Bldg.	Bronx, NY 10461	Phone 718 430 3943	Fax 718 430 3960	E-mail resnickregistrar@yu.edu
Wilf:	500 West 185th Street, Rm 114	New York, NY 10033	Phone 212 960 5274	Fax 212 960 0004	E-mail wilfregistrar@yu.edu

### Leave of Absence

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     FERKAUF     KATZ     RIETS     SCW     SSSB     WSSW

Reason for requested Leave of Absence (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. Please note, some programs do not allow outside coursework, so review the policies in your school's academic catalog.)

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

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

*Student submits form to the Office of the Registrar.*

#### For Office Use Only

**Office of the Registrar:**

List all previous leaves, if any: \_\_\_\_\_

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: \_\_\_\_\_