



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 CSL FGS KATZ RIETS SCW SSSB WSSW

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. Some programs do not allow outside coursework, please review the policies in your school's academic catalog. Cardozo Law students: In order to return, a re-enrollment deposit of \$1,000 is required—please see the Registrar for payment schedule. The deposit is non-refundable but will be applied toward tuition. Lockers must also be vacated.

Reason for requested Leave of Absence

Last date of attendance _____

Student's signature _____ Date _____

Student submits form to the Office of the Registrar

FOR OFFICE USE ONLY

Office of the Registrar:

Comments _____

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 _____

Beren Campus: 215 Lexington Avenue, 6th Floor, New York, NY 10016 | P: 212.340.777 | F: 212.340.7837 | E: berenregistrar@yu.edu
Brookdale Center: 55 Fifth Avenue, C1040, New York, NY 10003 | P: 212.790.0295 | F: 212.790.0341 | E: brookdaleregistrar@yu.edu
Resnick Campus: 1165 Morris Park Avenue, Bronx, NY 10461 | P: 718.430.3943 | F: 718.430.3960 | E: resnickregistrar@yu.edu
Wilf Campus: 500 West 185 Street, Room 114, New York, NY 10033 | P: 212.960.5274 | F: 212.960.0004 | E: wilfregistrar@yu.edu