



## OFFICE OF THE REGISTRAR

Beren	215 Lexington Avenue, 6 <sup>th</sup> Floor	New York, New York 10016	Phone 212 340 7777	Fax 212 340 7837	E-mail <a href="mailto:berenregistrar@yu.edu">berenregistrar@yu.edu</a>
Wilf	500 West 185 <sup>th</sup> Street, Rm 114	New York, New York 10033	Phone 212 960 5274	Fax 212 960 0004	E-mail <a href="mailto:wilfregistrar@yu.edu">wilfregistrar@yu.edu</a>
Ferkauf	1165 Morris Park Ave.	Bronx, New York 10461	Phone 718 430 3943	Fax 718 430 3960	E-mail <a href="mailto:resnickregistrar@yu.edu">resnickregistrar@yu.edu</a>
Cardozo	55 Fifth Ave, C1040	New York, New York 10003	Phone 212 790 0295	Fax 212 790 0341	E-mail <a href="mailto:brookdaleregistrar@yu.edu">brookdaleregistrar@yu.edu</a>

### Request for Maintenance of Matriculation

This form is to be used by students taking full-time outside studies **required** by their program. (If you are pursuing outside courses on your own you must file a **“Request for Personal Leave of Absence”** or **“Request for Withdrawal with Intent to Return.”** The registrar can help you determine the correct option.) Please note: it is the responsibility of the student to file this form EACH semester when taking outside courses. This form is subject to approval by your school. Consult [www.yu.edu/registrar/loa](http://www.yu.edu/registrar/loa) and your academic catalog for complete information. **There may be financial aid considerations associated with filing this form – consult with your financial aid advisor.**

Student's name: \_\_\_\_\_ YU ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Semester Requested (choose ONE):      Fall or  Spring 20 \_\_\_\_\_

Your are in:

- Combined Plan in Engineering at Columbia
- Bernard Revel Graduate School PhD Program
- Approved Consortium Agreement with another school
- Other \_\_\_\_\_

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

***Student submits form to the school office for approval.***

#### For Office Use Only

##### Office of the Dean:

Action by School I:  Approved    Denied

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action by School II (if applicable):  Approved    Denied

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Dean submits form to the Registrar***

##### Office of the Registrar:

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_