



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren:	215 Lexington Avenue, 6 th Floor	New York, New York 10016	Phone 212 340 7777	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Wilf:	500 West 185 th Street, Rm 114	New York, New York 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. The request for a leave may be submitted for no more than one academic year at a time.

Student's name: _____ YU ID #: _____

Mailing address: _____

Phone: _____ Email: _____

Period for which leave is desired – specify semester(s) (check all that apply) 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: IBC JSS MYP SBMP SCW SSSB YC

Graduate: AGS BRG WSS SCW SSSB

Are you in the Combined Plan in Engineering at Columbia? Yes, 3-2 Yes, 4-2

Reason for requested Leave of Absence (Please note: If you plan to take courses for credit elsewhere, indicate where and attach a "Request for Outside Courses" form, if credit is desired. You will not receive credit for study without this step. Request for Outside Courses form can be submitted at a later date):

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

Office of the Dean:

Action by School I: Approved Denied

Action by School II: Approved Denied

Comments: _____

Signature: _____ Date: _____

Dean submits form to the Registrar to be sent to Student Affairs.

Student Affairs:

Comments: _____

Signature: _____ Date: _____

Student Affairs submits form to the Registrar to be processed.

Processed by: _____ Date: _____