

Office of the Registrar

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REQUEST FOR LEAVE OF ABSENCE

Students in Doctoral and Master programs may request up to 4 semesters of leave. Please consult with Financial Aid and the Office of the Provost to see how taking leave would affect your fellowship status and clear all holds.

STUDENT INFORMATION

Click above and choose your program from the dropdown menu

_____ Date

_____ Name: Last First MI

_____ EMPLID (CUNYfirst ID)

_____ Current Street Address

_____ Email

_____ City State Zip

_____ Phone #

Student Signature

INTERNATIONAL STUDENTS This step must be completed prior to submission of form

Visa Status _____

Signature of Director of International Students _____

INFORMATION REGARDING REQUESTED LEAVE

Period of Requested Leave of Absence: Fall 20_____ Spring 20_____ Fall 20_____ Spring 20_____

Reason for Leave of Absence (attach extra page(s) if necessary):

_____ E.O. Signature of Approval

_____ Date

OFFICE USE ONLY

Verified no holds on student Account

Transcript Text

Prior leaves taken: _____

Milestone

Program Plan Stack

Notified program and student on: _____