

The Graduate School and University Center
of The City University of New York

Office of the Registrar
The Graduate Center: 365 Fifth Avenue, New York, NY 10016

Request for Leave of Absence

To the Executive Officer: After completing this form, please return the set (3 copies) to the Registrar's Office for circulation. Upon approval, a copy will be forwarded to your office for your records.

- Ph.D.
 M.A. Program in _____

Student's Name _____ Date _____

Student's I.D. number _____ First _____ Middle/(Maiden) _____ Last _____
Date of Birth _____ / / _____
Month Day Year

Student's Address _____ Telephone _____
Number and Street _____ (Area Code) _____

City or Borough _____ State _____ Zip Code _____

Period of Requested Leave of Absence
 Sept. 1, 20__ to Jan. 31, 20__ Sept. 1, 20__ to Aug. 31, 20__
 Feb. 1, 20__ to Aug. 31, 20__ Feb. 1, 20__ to Jan. 31, 20__

Dates of Previous Leaves, if any
 Sept. 1, 20__ to Jan. 31, 20__ Sept. 1, 20__ to Aug. 31, 20__
 Feb. 1, 20__ to Aug. 31, 20__ Feb. 1, 20__ to Jan. 31, 20__

An exit interview with the Financial Aid Officer is required for a student in the Perkins/Direct Student Loan Program whose leave exceeds one semester either at the time of application or by extension.

Reasons for Requested Leave of Absence (accompanied by copies of supporting documents)

Approval of Executive Officer _____

Signature _____ Date _____

Please note that the approval of the Executive Officer does not *ipso facto* signify that the leave has been granted. Clearance must be obtained from the Director of Financial Aid, the Director of the Office of International Students, the Director of Residence Life, the Librarian, the Bursar, and the Business Office before the leave can become effective.

Circulation Dates
Please sign this request for a Leave of Absence and forward to the next person listed below. When all actions are completed, return both copies to the Registrar's Office. It is necessary when denying clearance to attach an explanation. Thank you for your assistance.

Cleared
 Not Cleared

Signature of Director of Financial Aid _____ Date _____
 Cleared
 Not Cleared

Signature of Director of the Office of International Students _____ Date _____
 Cleared
 Not Cleared

Signature of Director of Residence Life _____ Date _____
 Cleared
 Not Cleared

Signature of Librarian _____ Date _____
 Cleared
 Not Cleared

Signature of Bursar _____ Date _____
 Cleared
 Not Cleared

Signature from the Business Office _____ Date _____

Date approved	Forni	Class	Admitted
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