



For **current** students who intend to leave the University and then return at some future time. Contact the admissions office for a deferral. 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 # _____

Phone _____ Personal Email _____ YU Email _____

Period for which leave is desired—specify semester (check one) Fall 20____ Spring 20____

Last semester of attendance in this program at YU? Summer 20____ Fall 20____ Spring 20____ Never Attended
(do not use this form. contact admissions)

You are registered for courses? Yes No

If in more than one school, check here:

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 adviser 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.

Reason for requested Leave of Absence:

- Medical (DR) Move to Israel (AL) Need to Work (WK) Other Reason (OT)
- Military Foreign (MF) Move to Elsewhere (MV) Transfer (TR) _____
- Military Domestic (MD) Personal/Family (PR) _____
(school, location)

Important notices:

- All registered courses will be dropped in accordance with the academic calendar in effect and may have an impact on your transcript and on billing.
- If you submit this form after the add/drop/withdrawal period, you will be given a letter grade that reflects your achievements in any registered courses.
- A "W" grade is not counted in the cumulative grade point average.

Financial implications:

- Withdrawal from any course could result in a change of scholarship or financial aid.
- Please consult with Student Finance, if necessary.

I am taking a Leave of Absence from Yeshiva University, effective the date this form is submitted to the designated office.

Student's signature _____ Date _____

Student submits form to the Dean/Program Director

FOR OFFICE USE ONLY

Dean/Program Director:

Comments _____

Approved Denied Signature _____ Date _____

Dean/Program Director submits form to the Registrar to be processed

Office of the Registrar:

Comments _____

Signature _____ Date _____

Processed by _____ Date _____

Beren Campus: 215 Lexington Avenue, 6th Floor, New York, NY 10016 | P: 646.592.4180 | F: 212.340.7837 | E: berenregistrar@yu.edu
Brookdale Center: 55 Fifth Avenue, C1040, New York, NY 10003 | P: 646.592.6280 | F: 212.790.0341 | E: cardozoregistrar@yu.edu
Resnick Campus: 1165 Morris Park Avenue, Bronx, NY 10461 | P: 646.592.4515 | F: 718.430.3960 | E: resnickregistrar@yu.edu
Wilf Campus: 500 West 185 Street, Room 114, New York, NY 10033 | P: 646.592.6270 | F: 212.960.0004 | E: wilfregistrar@yu.edu