INSTRUCTIONS

Updated 10/01/2015

New York University Graduate School of Arts and Science

Request for Approval of Academic Leave of Absence

- This form may be filled out on-line but must be printed out and signed by the department DGS or Chair.
- Requests should be sent by the department to the Office of Academic and Student Affairs (OASA) at 6 Washington Square North, 2nd floor.
- Incomplete requests will be returned to the department.
- The department is responsible for notifying students of the outcome of the request.
- Time on leave of absence does not count toward time to degree.
- In order to qualify for an academic leave of absence, students must be in "good standing", see GSAS Policies and Procedures Section 4.1.
- For more detailed information on leaves, please refer to the GSAS Policies and Procedures Manual Section 5.5 http://gsas.nyu.edu/page/grad.pp.manual.html

Department:		
Student Name:	UID:	
Student Email:		
Degree Level (MA, PhD, etc.)	Is this an International Student? (Yes	/No)
Period for Leave requested (not to exceed one calendar year exceed STARTING Semester and Year:	ept in the case of national service): RETURNING Semester and Year	:
Reason for Request (Please check one): National Service –Please specify and provide doc Medical –Please provide a note on OFFICIAL le professional describing the degree and du the University Health Center	tterhead from treating physician or ot	
Compelling Personal Reason –A compelling reacontrol, such as a family or legal emergence leaves of absence for childbirth. Students	cy. The Graduate School will also allo	ow maternal and paternal
Signature of Director of Graduate Studies or Chair:		Date:/20
For OASA use only. Approved □ Denied □	OASA Signature:	
Date Received:		