

REQUEST FOR GRADUATE LEAVE OF ABSENCE

This form is to be used for Graduate <u>matriculated</u> students <u>only</u>. <u>Please complete this form and obtain</u> the <u>appropriate signatures before it is returned to the Registrar's Office, Room 217HN. This form is NOT an authorization for an official withdrawal of courses in progress. When you wish to resume your graduate studies, you must file a readmission application with the Admission's Office.</u>

<u>PLEASENOTE</u>: A leave of absence for a specific period may be approved upon application to and approval of the Graduate Advisor and the Divisional Dean. Such leaves of absences are approved only for reasons of documented disabling illness, maternity, military service, or other unusual circumstances. Leaves of absence extend the time limit allowed for your curriculum. The total time limit for completing all degree requirements is 4 years. Programs in Education, Nursing, Health Sciences, and Social Work the time limit is 5 years.

Leaves of absence may be approved for a maximum of 2 semesters.

Name					
Last	First		Middle	Maiden or Other	
Address					
Address Number & Street	Apt #	City		State	Zip Code
CUNYFirst EMPL ID					
Telephone # ()		() Work			
Curriculum		Date of Matriculation _			
Are you currently enrolled in co	oursework?				
Student's Signature			Date		
**************************************		**************************************		******	******
A leave of absence has been gra	inted to				
for the period from Month		through			
Month	Year	Month		Year	
GRADUATE ADVISOR'S SIGNATURE			DATE		
DEPARTMENT STAMP					
DIVISIONAL DEAN'S SIGNATURE			DATE		