

Office of Student Affairs 245 Sullivan Street, Room 474 New York, NY 10012

P: 212 998 6658 F: 212 995 3826

law.studentaffairs@nyu.edu

Checklist

Complete the request form **Provide a memo** explaining the basis of your request
Send all required documents to the Office of Student
Affairs via email at law.studentaffairs@nyu.edu

LEAVE OF ABSENCE REQUEST FORM

First and Last Name	University ID	Today's Date*
	(May be found on back of ID)	
<u> </u>		quest based on when the Office of Student Affairs receives this form.
NYU Email Address <i>and</i> Alternate En	nail Address Phone Number	
*All communications will be via your NYU email	account while you are on leave.	
Current Address	Address While o	on Leave
		_
To which address should we send a co	nfirmation letter? Current Address	Leave Address
This is a request for: Leave of Abs	sence Leave Extension Retr	roactive Leave
Is your request: Personal	Medical*	souce of the second
15 your request. Tersonar	*Medical requests must provide a letter from t	
		k@nyu.edu) with questions about medical vs. personal leaves.
Semester(s) during which this requ	est applies: Fall 20 Spring 20	
I am currently a: 1L 2L	3L P/T LLM F/T LLM Exec. 1	LLM MSL Adv. Prof. Certificate
Are you a U.S. citizen? Yes	No If no, please indicate visa type:	:
Answer each question belo	w by marking an "X" in the Yes or No colu	umn at right
	heduled to receive, financial aid/grants/loa	
<pre>If "Yes": Contact Student Financial Ser leave.</pre>	rvices at (212) 998-6050 to discuss financial of	obligations while on
	Law School housing during the time you	
<i>If "Yes":</i> Please contact Residence Servonce it has been approved.	vices at (212) 998-6510, and notify them of you	our leave of absence
	semester(s) for which you are requesting l	leave?
		icave.
Have you paid tuition for the semester	r(s) for which you are requesting leave?	
When do you presently plan to return Fall 20 Spring 20	to the School of Law?	
Your signature	Date	