

MAILMAN SCHOOL OF PUBLIC HEALTH
Office of Student Affairs, 722 West 168th Street, Suite 1014, New York, NY 10032

LEAVE OF ABSENCE REQUEST

Student: Complete and forward to the Office of Student Affairs.

(Please print)

Name _____ UNI/SSN _____

Phone (Day) _____ (Evening) _____

Department _____ Degree _____

Advisor _____ Track _____

Leave of Absence Dates:*

From _____ To _____

Reason _____

I plan to resume registration in _____ (term/year)

(Please notify the Office of Student Affairs at least 6 weeks prior to the beginning of the semester in which you plan to resume registration.)

**If absence goes beyond two years you will need to complete an Application for Readmission form (available through the Office of Admissions.)*

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Department Approval:

Signature _____ Date _____

Deans Office Approval _____

