Yeshiva University

OFFICE OF THE REGISTRAR

Beren:	215 Lexington Avenue, 6th Floor	New York, NY 10016	Phone 212 340 7777	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Ferkauf:	1165 Morris Park Avenue, Rousso Bldg.	Bronx, NY 10461	Phone 718 430 3943	Fax 718 430 3960	E-mail resnickregistrar@yu.edu
Wilf:	500 West 185th Street, Rm 114	New York, NY 10033	Phone 212 960 5274	Fax 212 960 0004	E-mail wilfregistrar@yu.edu

Leave of Absence

For students who intend to leave the University and then return at some future time. 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 #: _____

Mailing address: _____

_____

Phone: _____ Email: _____

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

Registered for courses for the semester(s) leave is desired ❒ Yes ❒ No

School(s) from which leave is requested (check all that apply)

Undergraduate: ❒ KATZ ❒ SCW ❒ SSSB ❒ YC

Graduate: ❒ AGS ❒ BRG ❒FERKAUF ❒ KATZ ❒ RIETS ❒ SCW ❒ SSSB ❒WSSW

Reason for requested Leave of Absence (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 advisor and/or the registrar staff to determine which paperwork is required. Please note, some programs do not allow outside coursework, so review the policies in your school's academic catalog.)

_____

_____

_____

_____

Student's signature: _____ Date: _____

Student submits form to the Office of the Registrar.

For Office Use Only

Office of the Registrar:

List all previous leaves, if any: _____

Signature: _____ Date: _____

Registrar submits form to the Dean / Program Director

Dean / Program Director:

Comments: _____

❒ Approved ❒ Denied Signature: _____ Date: _____

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

Processed by: _____ Date: _____