Date of Request: ______/______/______         Student ID: N __ __ __ __ __ __ __ __

Student Name: ________________________________________________________
                     (Last)                           (First)

Phone: ___________________________         NYU Email address: ____________________________

UNDERGRADUATE DEPARTMENT (please circle one):

- Collaborative Arts
- Cinema Studies
- Dance
- Department of Drama
- Dramatic Writing
- Film & Television
- Game Design
- Performance Studies
- Photography & Imaging
- Recorded Music

GRADUATE DEPARTMENT (please circle one):

- Art & Public Policy
- Design for Stage & Film
- Graduate Acting
- ITP
- Cinema Studies
- Dramatic Writing
- Graduate Film
- Performance Studies
- Dance
- Game Design
- Graduate Musical Theatre
- MIAP

Type of leave (please circle one):

- Medical
- Financial
- Personal

Semester you began leave: ________________         Semester you plan to return: ________________

Please note that you may only be on a leave of absence for a total of 4 semesters (winter and summer sessions do not count as a semester).

FOR STUDENT AFFAIRS USE ONLY - DO NOT WRITE IN THIS AREA

Academic Standing:  Good Standing    Academic Probation    Disciplinary Action

Please return this form to Tisch Student Affairs (726 Broadway 2nd Fl – 212-998-1900)

Student Affairs Approval Signature: ____________________________         Date: __________________