



**Tisch School of the Arts
Request for Extension of Leave Form**

Date of Request: ____/____/____

Student ID: N _____

Student Name: _____
(Last) (First)

Phone: _____

NYU Email address: _____

UNDERGRADUATE DEPARTMENT (please circle one):

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

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: _____