

Office of the Registrar Rutgers, The State University of New Jersey 683 Hoes Lane West, Room 110 Piscataway, NJ 08854 sph.rutgers.edu sphregistrar@sph.rutgers.edu p. (732) 235-9724/4316 f. (732) 235-9599

Leave of Absence

This form should be used by students who are planning to not register for one or more semesters and do not plan to withdraw from the School during the registration period that the leave of absence will become effective. This policy applies to students enrolled in a dual degree program with another Rutgers School or another university who, because of the requirements of the dual degree program, are not registering at the School of Public Health for one or more semesters. Please type or print legibly and return to the Office of Student Affairs.

1.	Name:			Student ID#:		
	Last Name	First Name	Middle Initial			
2.	Rutgers Email Address:					
3.	Current Mailing Address:					
	Include Number, Street and Apt. No	ımber	City	State	Zip Code	
4.	Phone Numbers:					
	Home Telephone Number (incl. are	a code) Business Telephon	e Number (incl. area code)	Mobile Telephone	Number (incl. area code)	
5.	Location: (please check one)	New Brunswick	Newark			
6.	Are you enrolled at the Scho	ol of Public Health on a st	udent Visa (F-1, J-1)?	🛛 Yes 🛛 No		
7.	Are you receiving Financial A	No (Students receiving Financial Aid	must obtain signature from	n the Financial Aid Officer.)	
8.	Have you been absent from t	he School of Public Healt	h before? 🛛 Yes	No When:		
то	THE REGISTRAR					
	ill not be attending classes at the	School of Public Health for		due to: (n)	ease indicate primary reason)	
	-		(semester & yea	r)		
	Academic Personal	Financial Health	Relocation	Other		
Ex	plain briefly:					
	m requesting a:) 🔲 Student Scholar St	atus (Attendance at another scho	ol as part of dual degree prog	am)	
	cation while on Leave:					
	order to maintain my place in the e appropriate fee.	Rutgers School of Public h	ealth, I petition for appr	oval of the above re	equest, and submit	
exce pay	udent's petition for a Leave must be approve eptions are made for students enrolled in dua an additional \$50 fee. The total leave canno uirement to complete the degree program. If a	I degree programs. Students extendir exceed two consecutive semesters.	g a Leave beyond one semeste The time period granted for a no	er must petition for the sub- tification of absence is exc	sequent official leave and luded from the overall time	
	Student Signature			Date	RETURN TO	
				O	FFICE OF THE	
	Financial Aid Office Signatu	re (only if you are receiving Final	ncial Aid)	Date r	REGISTRAR	
	5				Copies to: Office of the Registrar	
	Director of Student Support	Services Signature			Academic Advisor	
	Director of Student Support	Services Signature			Student	
	Office of the Registrar Signa	ature		Date		