

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

## **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. Refer to the Leave of Absence Policy for more information.

1.	vame:				Student ID#:	
	Last Name	Firs	st Name	Middle Initial		
2.	Rutgers Email Address:					
3.	Current Mailing Address	<b>3</b> :				
	Include Number, Street and Apt. Number, City, State Zip Code					
4. I	Phone Numbers:					
	Home Telephone Number (ii	ncl. area code)	Business Telephone	Number (incl. area code)	Mobile Telephor	ne Number (incl. area code)
5. I	ocation: (please check on	e) 🚨 New	Brunswick	Newark	Online	
6.	Are you enrolled at the School of Public Health on a student Visa (F-1, J-1)? ☐ Yes ☐ No					
7.	Are you receiving Finar	cial Aid?	es 🔲 No (Stu	dents receiving Financial A	id must obtain signature fr	om the Financial Aid Officer.)
8. I	lave you been absent f	rom the School o	of Public Health	before? □ Yes	□ No When:_	
то т	HE REGISTRAR					
l will	not be attending classes	at the School of P	ublic Health for _	(semester & ye	due to:	(please indicate primary reason)
	□ Academic □ Pers	onal 📮 Financ	ial 🔲 Health	,	<i>ar)</i> <mark>□</mark> Other	
Evnl	in briefly:			_ rtoloodilon		
	requesting a:  Leave of Absence (\$5	50 fee) □ Stude	ent Scholar Stat	<b>us</b> (Attendance at another sch	nool as part of dual degree pro	ogram)
	tion while on Leave:		one concide char	(rittoriadinos de direction der	ioor do part or addr dogree pre	gram
In ord	ler to maintain my place ppropriate fee.	in the Rutgers Sch	nool of Public hea	ılth, I petition for app	roval of the above	request, and submit
mainta official	ent's petition for a Leave must be a n status — exceptions are made fo leave and pay an additional \$50 fe time requirement to complete the o	or students enrolled in dua e. The total leave cannot	al degree programs. Stu exceed two consecutive	dents extending a Leave be e semesters. The time period	yond one semester must p I granted for a notification (	petition for the subsequent of absence is excluded from the
	Student Signature	Date	Academic A	dvisor Signature	Date	
	·			· ·		<b>RETURN TO</b>
	Tinguical Aid Office Circusture		- Financial Aid		Data	OFFICE OF THE
1	Financial Aid Office Signature (	only if you are receivir	ig Financiai Aid)		Date	REGISTRAR
	Assistant Dean for Student Exp	periences and Alumni A	Affairs Signature		Date	Copies to: Office of the Registrar Academic Advisor
	Office of the Registrar Signatur	· · · · · · · · · · · · · · · · · · ·			Date	Student