

# Request for University Leave of Absence

This form is to be completed by the student requesting the leave and submitted to their academic department for review. Once reviewed, the administrator will send to the Office of the University Registrar for processing. There are significant impacts into taking a leave of absence and these should be reviewed prior to submission.

 \_\_\_\_\_  
 UR ID Number

 \_\_\_\_\_  
 Student Last Name

 \_\_\_\_\_  
 Student First Name

 \_\_\_\_\_  
 Program of Study

 \_\_\_\_\_  
 School

## Current

## First Term of Separation

 \_\_\_\_\_  
 Term

 \_\_\_\_\_  
 Year

 \_\_\_\_\_  
 Term

 \_\_\_\_\_  
 Year

## Reason for Leave

Financial

Health Concerns

Military Service

Personal

Work

Other

## Leave of Absence Details

Immediate

Planned

*Term immediately  
following current term*

 \_\_\_\_\_  
 Notify Date

 \_\_\_\_\_  
 Tentative Return Term/Year

*Requires submission of  
Return from Leave Form*

Completion of this form indicates a request to take a leave of absence from the University of Rochester. A leave of absence is a temporary separation from the University where the student is no longer enrolled in any coursework. A leave of absence may not exceed three (3) consecutive semesters of non-enrollment including summer. It is the responsibility of the student who is considering a University Leave of Absence or University Withdrawal to pay any outstanding charges. Students may contact the Bursar's office and their financial aid counselor (if applicable) to discuss any possible financial impact.

Prior to making the decision to take a leave of absence, students should consider the impact of the leave of absence as it relates to services provided by the following offices: Office for Residential Life & Housing Services, Dining Services, University Health Services, International Services Office, and the Office of Financial Aid.

Students are encouraged to read the leave of absence policy on the Office of the University Registrar's website for additional details and information related to the leave and guidance on the return process.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Guidelines:** Submit the signed form to your academic department for review. If approved, the administrator should complete the information below. Supporting documentation and electronic signatures/approvals must be submitted with the form.

## Administrator Information

 \_\_\_\_\_  
 Administrator's Name

 \_\_\_\_\_  
 Administrator's E-Mail

 \_\_\_\_\_  
 Administrator's Phone

# Request for University Leave of Absence

## University Registrar Information



This page is for use by the Office of the University Registrar. Please do not enter any information on this page.

### University Registrar Information

\_\_\_\_\_  
UR ID Number

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Received Date

\_\_\_\_\_  
Processed Date

DATE OF INSTITUTIONAL DETERMINATION: \_\_\_\_\_

\_\_\_\_\_  
Initials

Notes:

Distribution List: