

## Request for Leave of Absence

Student Name:			Degree:	
Mailing Addres	ss:			
	Street	City	State	Zip
Student Email:		Advisor Na	ame:	
Proposed start	date:	Proposed retur	n date:	
LEAVE TYPE (P	LEASE CHECK ONE):			
Person	ial Leave:			
Educat	ional Leave: Name o	f Institution		
Medica	al Leave:			
**Medical LOA	As must provide medical	note from physician to i	return	
the student's int the student mus Foreign students from the Dean's apply for a new I without the cons	ent to return one month p t document medical cleara s holding a student visa wh Office and Global Services 120 or IAP-66 in order to re sent of the Dean's Office is	nce with INS regulations. Trior to the expiration of the nce to return.  o wish to temporarily leave 30 days prior to their trave turn to the U.S. Any foreig subject to disciplinary action required to re-apply and un	the United States must ob I. Students granted permis In student who leaves the U In. Students not returning	medical reasons, stain permission ssion must then United States from leave of
Student Signat	ure:		Date:	
Graduate Direc	ctor Signature:		Date:	
	N Rutgers De	submitted to the Mason of Mason Gross School of the A S, The State University of N ean's Office – Dean of Stud 33 Livingston Avenue New Brunswick, NJ 0890 FAX: 732-932-8794	Arts ew Jersey ents	
Dean's Signatu	re:		Date:	