

School of Graduate Studies

Request for Leave of Absence

| Stude | ent: | | Student ID# | | |
|----------------|---|---|--------------------------|-----------------------------|--|
| Addre | ess: Street | City | State | Zip | |
| Mento | or: | Email | : | | |
| Propo | osed start date: | Propos | ed return date: | | |
| | Personal Leave | | | | |
| | Educational Leave: Name of | Institution | | | |
| | Number of Credits needed to transfer: | | | | |
| | Medical Leave: | physician to return** | | | |
| Gradu absen | E OF ABSENCE / REINSTATEME late students in good academic star ice, in writing, to the GSBS Associa exceed one year. Please note that itions. | nding who cannot main te Dean. A GSBS stud | ent may be granted a lea | ave of absence for a period | |

The Associate Dean must receive written notification of the student's intent to return one month prior to the expiration of the leave. If the leave was for medical reasons, the student must document medical clearance to return.

Foreign students holding a student visa who wish to temporarily leave the United States must obtain permission from the GSBS Associate Dean's Office 30 days prior to their travel. Students granted permission must then apply for a new I20 or IAP-66 in order to return to the U.S. Any foreign student who leaves the United States without the consent of the GSBS Associate Dean's Office is subject to disciplinary action.

Students not returning from leave of absence within the approved date may be required to re-apply to the Graduate School and undergo a new admissions process.

| Student Signature: | Date: | |
|--------------------|-------|---|
| | | _ |
| Associate Dean: | Date: | |

The completed form must be submitted to the GSBS Office of Student Affairs for approval:

Graduate School of Biomedical Sciences Rutgers, The State University of New Jersey Office of Student Affairs 185 South Orange Avenue, MSB C-696 Newark, NJ 07107 Fax: 973-972-7148