• Occasionally, life factors occur which may prevent students from successfully focusing on their academic studies. In some of those situations, a leave of absence may be a solution. Leaves of absence may be granted upon application to, and approval by the Academic Dean. You are required to complete the attached form and submit it to the Office of Academic Affairs.

• Students may request an official leave of absence for a maximum period of ONE year. A student on an approved leave of absence, who does not return after the leave has expired, will be considered to have withdrawn from the Law School, unless the Academic Dean has approved an extension prior to the expiration of the initial term of the leave.

• International students must consult with and receive prior approval from the International Students & Scholars Office at Queens College before requesting a leave of absence. Contact information: iss@qc.cuny.edu, Attention Patrick O’Connell or (718) 997-4440.

• Please be advised that if you receive financial aid, there may be implications if you interrupt your studies by taking a leave of absence. Please inquire with the Office of Financial Aid.

Revised 02/2017
CUNY SCHOOL OF LAW
REQUEST OF LEAVE OF ABSENCE

Class Year: □ 1L FT □ 1L PT □ 2L FT □ 2L PT □ 3L FT □ 3L PT

Student Name: ____________________________________________
Last First MI

Date of Birth: _______________ _______________ __________
CUNYFIRST ID: ________________

Address: __________________________________________________

Daytime Telephone Number: __________________________

Are you registered for the semester in which this leave will begin? □ Yes □ No

Semester of Leave: Fall Spring Summer 20____
Circle semester

Expected Semester of Return: Fall Spring Summer 20____
Circle semester

Do you receive financial aid (student loans, grants, scholarships)? □ Yes □ No

Reason for Leave (If additional space is needed, please attach a separate page)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student’s Signature: ____________________________ Date: ____________

Academic Dean’s Signature: ____________________________ Date: ____________

Office of Registration Use Only

Date Courses Dropped __________Date W(s) posted ___________ Initials__________