

You must speak with the Dean for Student and Campus Affairs or Director of Student and Campus Affairs (914.422.4146) prior to approval of this request. Submit this form to the Registrar's Office in person or by fax (914 422-4248)

	REQUEST FOR DIVITHDRAWAL LEAVE OF ABSENCE				
Date	Semester	Year	U#_		
Name					
Telephone	e()	E-Mail			
Date enter	ed Pace Law School		□ Full Time □	Part Time	
	wal/leave (if medical must provide do				
	Scholarship aid being credited toward				
I request a leave of	absence until	(Month/Year)	Do you hold a student vi	sa?	
	Student Signature				
	C	WRITE BELOW TH			
Comments:					
NOTICE! You are	expected to register for the	term. F	lease notify the Registrar	six weeks before you return	
period of leave alre	o extend your leave of absence, you a eady granted. A student who has without on a student who has without on a student who has without on the student of th				
Signature of Dean	for Student and Campus Affairs	Date			
Date Returned				_	
Position Forfeited_					
Extension of Leave	Granted Until				