

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			
Date	Semester	Year	U#
Name			
Address			
Telephon	e (	E-Mail	
Date ente	red Pace Law School		☐ Full Time ☐ Part Time
	awal/leave (if medical must provide	,	
	t Scholarship aid being credited towa		fuch?
I request a leave of	f absence until	(Month/Year) Do y	ou hold a student visa?
	Student Signature		
		T WRITE BELOW THIS LI	
Leave of Absence:	: Granted Denied	Date Expires	
Should you wish period of leave alr	to extend your leave of absence, yo	ou must submit a petition for a thdrawn from school in good s	notify the Registrar six weeks before you return in extension of the leave <u>prior</u> to the end of the tanding and rejoins the Law School is subject to
Signature of Dear	n for Student and Campus Affairs	Date	
Date Returned			
Position Forfeited			
Extension of Leav	e Granted Until		