Cardozo School of Law
Office of the Registrar

55 Fifth Avenue, Room 1034
New York, NY 10003-4391
Tel: (212) 790-0295
Fax: (212) 790-0341

LEAVE OF ABSENCE - APPLICATION

(Please press firmly and write legibly)

Semester(s) for which Leave of Absence is desired: ( ) FALL 20_____ ( ) SPRING 20_____

In order to return, a re-enrollment deposit of $1,000 will be required as follows:

July 1st for the following Fall Semester.
November 15th for the following Spring semester
April 1st for the following Summer session.
The deposit is non-refundable, but will be applied toward tuition.

Students on a Leave of Absence must empty their lockers, which will be reassigned during their absence.

Name:_____ Student I.D. #. _____
Print : Last First Middle

Current
Address:_____

Home Phone #: (____)_____ Cell Phone #:(____) _____

Reasons for request:

__ Health __ Personal __ Financial __ Military

__ Career (please specify) :_____

__ Other (please specify): _____

Last date of attendance: _____

_____ _____
Date Signature of Student

For Office Use Only

_____ _____
Date Signature of Dean of Students

White copy for Registrar- Green copy for Student Finance-- Yellow Copy for Dean of Students- Pink Copy for Student

(9/08)