



Rockland Campus
 Graduate Registrar
 Nyack College
 350 North Highland Ave
 Nyack, NY 10960
 (845) 770-5766
 (845) 348-3918 (fax)

New York City Campus:
 Graduate Registrar
 Nyack College
 2 Washington St
 New York, NY 10004
 (646) 378-6117
 (917) 237-0399 (fax)

PROGRAM ON HOLD

Name: _____ **Student ID#:** _____

Address: _____ **Phone:** _____

_____ **E-mail:** _____

Program of study: _____ ADCP
 _____ AGSC
 _____ ATS
 _____ MBA
 _____ MEd
 _____ MSOL
 _____ Undergraduate

Campus: _____ Rockland
 _____ Manhattan
 _____ Other _____

I plan to be out of school from ____/____/____ to ____/____/____ due to:

- _____ Health reasons
- _____ Military service
- _____ Educational requirements (e.g. acquiring prerequisites)
- _____ Other (please explain): _____

Please attach documentation to support the reason for your Leave of Absence.

My address (if different than above) will be:

_____ # & street _____ city _____ state _____ zip

My phone (if different than above) will be: _____

A leave-of-absence may not extend beyond 3 years, after which time complete re-application must be made to the program through the Office of Admissions. The degree requirements in effect at that time of re-enrollment will then apply.

_____ (Student signature)

_____ (Date)

OFFICE USE ONLY			
Approval of Registrar	Date	Approval of Dean	Date