



New York City Campus:
Registrar
Nyack College
2 Washington St
New York, NY 10004
(646) 378-6192
Servicecenter@nyack.edu

PROGRAM ON HOLD

Name: _____ Student ID#: _____

Address: _____ Phone: _____

_____ E-mail: _____

Program of study:	_____	ADCP	Campus:	_____	Online
	_____	AGSC/MFT		_____	Manhattan
	_____	ATS		_____	Other _____
	_____	MBA			
	_____	MSEd			
	_____	MSOL			
	_____	Undergraduate			

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