



SCHOOL OF PUBLIC HEALTH

University of Medicine & Dentistry of New Jersey

Notification of Absence Form

Office of the Registrar

683 Hoes Lane West, P.O. Box 9, Room 335, Piscataway, NJ 08854
Phone: (732) 235-9724 • Fax: (732) 235-9599

This form should be used to indicate that you expect to be absent from studies at the School of Public Health for the term indicated.

Last name:		First Name:		Student ID#:
Address:				
City:	State:	Zip:	Telephone #:	

Campus: Newark Piscataway Stratford

Are you here on a student Visa (F-1, J-1)? Yes No

Are you receiving financial aid? Yes No (Students receiving Financial Aid must obtain signature from the Financial Aid officer).

1. Department Concentration: _____

2. Have you been absent from the School of Public Health before? Yes No When: _____

To the Registrar

I will not be attending classes at the School of Public Health for the _____ due to: (Please indicate reason)
(semester/year)

Academic Personal Financial Health Relocation Transfer to: _____ Other
(college/university)

Explain briefly: _____

I am requesting a:

Leave of Absence (\$50 fee) Withdrawal Student Scholar Status (Attendance at another school as part of dual degree program)

Location while on leave: _____

In order to maintain my place in the UMDNJ - School of Public Health, I petition for approval of the above request, and submit the appropriate fee.

Signature _____ Date _____

Obtain Signatures required:	
Assoc. Dean Campus _____	Date _____
Financial Aid Office (only if you are receiving financial aid) _____	Date _____
(For Office Use Only)	
Registrar's Office _____	Date _____

Return to:
Campus Office

Copies to:
Registrar's Office - White
Campus of Origin - Yellow
Student - Pink

Nation's First Collaborative School of Public Health

