

Please complete and submit 4 copies of this application to  
The Office of the Registrar

**WILLIAM PATERSON UNIVERSITY**  
**Office of the Registrar**  
**300 Pompton Road**  
**Wayne, NJ 07470**  
**973-720-3074**

Students are eligible for a one semester leave of absence , regardless of status, if they are in good academic standing. One additional semester of leave may be requested in writing citing reasons for the extension request. Please complete the Leave of Absence form and return the original and all copies to the Office of the Registrar by the deadlines listed in the Master Schedule.

**Please print or type the information below.**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Leave of Absence for term: \_\_\_\_\_ Return \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Please explain the reason for this leave of Absence request:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Earned Credits: \_\_\_\_\_ Date: \_\_\_\_\_

For Use by Office of the Registrar:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_