



# Request for Health Leave of Absence

To request a health leave of absence, complete the following form and submit it to the Dean of Students, Michael Blackman, at michael.blackman@unh.edu.

| Student Information  |                        |       |
|--|------------------------|-------|
| UNH ID#:   | Name (First and Last): |       |
| College:   | UNH Email:             |       |
| When is the last date you attended class?:   |                        |       |
| Leave Information  |                        |       |
| Leave Requested for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring |                        | Year: |

By completing this form, I am requesting a leave of absence from the University of New Hampshire for health reasons. I have read and understand the ["Health Leave of Absence" page](#). I understand that if this request is approved, it is effective immediately and may not be rescinded. I further understand that it is UNH policy that students are prohibited from returning until one semester has elapsed following a leave of absence.

Signature:

Date: