



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, at Dean.Students@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 I understand that if this request is approved, it is effective immediately and may not be rescinded.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: