

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 I understand that if this request is approved, it is effective immediately and may not be rescinded.

Signature:

Date: