University of New Hampshire

Health & Wellness

4 Pettee Brook Lane
Durham, NH 03824

V: 603.862.9355 (WELL)
F: 603.862.4259
TTY: 7.7.7 (Relay NH)

www.unh.edu/health

Request for Leave of Absence from UNH for Health (Medical or Psychological) Reasons

Leave is requested for ___ Fall Year: _____
___ Spring

I, _____, _____,
Student's Full Name (printed) UNH ID# (or D.O.B.)

request a leave of absence from the University of New Hampshire for health reasons.

I have read and understand the *"Leave of Absence for Health Reasons Policy"* (available at http://www.unh.edu/health/leave). I understand that if this request is approved, it is effective immediately and may not be rescinded.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

_____@wildcats.unh.edu
UNH Email Address

9/2017

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