

Section 1—To be completed by college Dean's Office representative

Date request initiated: _____

Student name (printed): _____

Student phone (local): _____

Student e-mail: _____

NUID: _____

Address where student should be contacted: _____

Telephone number if different from above: _____

I have met with the above-mentioned student and am recommending a non-medical leave of absence for the following reasons:

- 1. Date that student first met or contacted me to discuss this issue: _____
- 2. Date student last attended class: _____
- 3. Current program: _____
- 4. Undergraduate only—student is expected to re-enter with pattern: _____ in year (circle one): 1 2 3 4 5 6
- 5. Effective as of: _____
- 7. I have reviewed this student's re-entry program of study: Yes No
- 8. College Dean's Office representative signature: _____
- 9. Date: _____

Section 2—Student acknowledgement of policy/procedure

I have been advised by my college Dean's Office representative about and understood the policy/procedure on non-medical leaves of absence. I understand that Northeastern University will make a decision regarding my request in seven business days.

Student signature: _____ Date: _____

Section 3—Committee Resolution

Please check one of the following and certify with signature:

- There is an appropriate issue that warrants granting a non-medical leave of absence.
- There is *insufficient evidence* to warrant granting a non-medical leave of absence.

Signature of Committee Chair: _____ Date: _____