

NONMEDICAL LEAVE-OF-
ABSENCE PETITION



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www.neu.edu/registrar/billing.html

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 year/division/major: _____

4. Student is expected to re-enter with year/division/major: _____

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: _____