



Fellowship Leave Award
Scholar Incentive Award
Special Leave of Absence Without Pay

Request to Change or Defer Leave Form

Name _____ Date _____

Department _____ Title _____

I hereby request to change/defer:

from the period of _____ to the period of _____

The reason for this request is: _____

Faculty member's signature _____ Date _____

Authorization

To be completed by Department Chair: Proposed arrangements for academic work.

Department Executive Committee Approved [] Denied []

Chair's signature _____ Date _____

School P& B Committee Approved [] Denied []

Chair's signature _____ Date _____

College P&B Committee Approved [] Denied []

Chair's signature _____ Date _____

Rev 3/12, Rev es/aa 10/19

Office of Academic Administration
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