



Application for Emergency Absence Basic Sciences-Dominica

[Please print clearly]

Name: _____ Student ID# _____
(Last, First, MI) (Nine-digit)

Address: _____
(Street) (Apt. #) (City) (State) (Zip Code)

Telephone No: () _____ Email Address: _____

Current Semester Date: May Sept. Jan. Current Semester #: 1 2 3 4
(Circle one) (Circle one)

I am applying for an Emergency Absence starting on: _____
(Last day of attendance)

I plan to return to campus on: _____
Date must be before the end of the semester (limited to 1-2 weeks)

Emergency Absences are granted for emergency reasons only (severe illness or major injury to the student or a similar emergency or death in the student's immediate family) and documentation is required of illness, death, etc.

Students who find it necessary to prolong an emergency absence must request a Leave of Absence from the Dean. Please obtain a Leave of Absence form from the Campus Registrar. Failure to request a Leave of Absence will result in an administrative withdrawal and the student will need to apply for readmission. In the case of a Leave of Absence following an Emergency Absence, students will not be charged twice for the same semester.

I have read and understand the University regulations regarding Emergency Absences as specified here and in the Student Handbook.

I understand that all students must report to the Campus Registrar upon returning to school.

Student's Signature

Date

For Office Use Only

Associate Dean (Student Affairs): _____ Determination Date: _____

Associate Dean (Education): _____ Date: _____

Library: _____ Date: _____

Financial Aid (Dominica): _____ Date: _____

Registrar (Dominica): _____ Date: _____

University Registrar (New Jersey): _____ Date: _____

Date Student Returned to Campus: _____

Student's Signature: _____ Date: _____

Registrar (Dominica): _____ Date: _____