

LEAVE OF ABSENCE PETITION

Last Name: _____ First Name: _____

Harvard ID: _____ Department/Program: _____

Advisor: _____ Expected Graduation Date: _____

Degree (select one): SM1 SM1 (Summer-Only) SM2 SM60 SD DrPH
 MPH (45) MPH (65) MPH (Summer-Only) Other: _____Are you an international student? If yes, HIO signature required. Yes No**NOTE:** Students who have received loans must schedule an exit interview with the Office of Financial Aid (financialaid@hsph.harvard.edu). An approval for a Leave of Absence may be for 1 or 2 semesters.Leave of absence request from: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Reason for request (attach additional sheet if needed): _____

_____**REQUIRED SIGNATURES:** after completing all signatures, submit to the Registrar's Office in person or via email (registrar@hsph.harvard.edu).

Student's Signature: _____ Date: ____/____/____

Advisor's Signature: _____ Date: ____/____/____

Dept. Chair/Program Head Approval: _____ Date: ____/____/____

Financial Aid Office Signature: _____ Date: ____/____/____

Harvard International Office Signature: _____ Date: ____/____/____

REGISTRAR OFFICE USE ONLY

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- The above request was approved
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- The above request was not approved for the following reason(s): _____

Comments: _____

CAD Subcommittee Signature: _____ Date: ____/____/____