

Harvard T.H. Chan School of
Public Health
LEAVE OF ABSENCE PETITION

Name: _____, _____
Last First

Harvard ID Number _____

Degree Program: _____ Department: _____

*Telephone Number (____) _____

Address: _____
(during leave) _____

*email: _____

*Telephone and email information during leave

Are You Receiving Financial Aid? Yes No

NOTE: Students who have received loans must schedule an exit interview with the Director of Student Financial Services. Students with other types of aid must contact the Office of Student Financial Services. A leave of absence is ordinarily granted for 1 or 2 semesters.

LEAVE OF ABSENCE REQUESTED FROM: ____ / ____ / ____ TO: ____ / ____ / ____

EXPECTED GRADUATION DATE: _____

EXPLAIN REASONS FOR REQUEST: (Attach additional sheet if needed.)

Student's Signature

Date

Advisor's Approval

Date

Department Chair's/Program Head's Approval

Date

Financial Aid Officer Signature

Date

Harvard International Office Signature (International Students Only)

Date

Committee on Admission Degrees (CAD) Decision:

- This leave of absence request was approved.
- This leave of absence request was not approved for the following reason(s): _____

Signature of CAD Chair

Date

Office Use Only

% Tuition Remaining: _____ Refund amount: \$ _____ Date: ____ / ____ / ____

New Graduation Date: ____ / ____ / ____ Initials: _____