

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 Office of Financial Aid (osfs@hsph.harvard.edu). Students with other types of aid are encouraged to contact the Office of Financial Aid to find out the impact of a leave of absence. 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: _____