Harvard School of Public Health

LEAVE OF ABSENCE PETITION

Name:_____, _____ Harvard ID Number _____
Last First

Degree Program: _____ Department: _____ *Telephone Number (____) _____

Address: _____ *email: _____
(during leave)

_____ *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**

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:_____