

Harvard Law School
Leave of Absence Request

Name: _____

Harvard ID: _____ Class Year: _____

Have you taken a leave of absence previously? If so, list semester(s): _____

Leave of absence period (select one and list the year):

Reason for leave (select one):

☐ Full year: (Fall _____, Winter _____, Spring _____)

☐ Personal

☐ Fall _____

☐ Medical

☐ Fall _____ and Winter _____

☐ Study at another institution (list institution):

☐ Winter _____ and Spring _____

☐ Spring _____

Do you live in a Residence Hall? ☐ Yes ☐ No

(If yes, please contact HLS Housing at housing@law.harvard.edu to inform them of your change in housing status)

Are you a United States citizen or permanent resident? ☐ Yes ☐ No

(If no, please contact Peter O'Meara, peter_omeara@harvard.edu, in the Harvard International Office to discuss status and requirements related to a leave from HLS)

Would you like to your Amicus profile to remain visible? ☐ Yes ☐ No

I have read the Harvard Law School Voluntary Leave of Absence Policy found on the Registrar's Office website and in the Handbook of Academic Policies: <http://www.law.harvard.edu/academics/handbook/index.html>

Student
signature:

Date:

Completed forms should be submitted via your HLS account to dos@law.harvard.edu, or printed and dropped off in the Dean of Students Office, WCC 3039.

Due dates:

Completed forms must be submitted to Dean of Students Office Suite by *June 15th* for fall semester or full year leave and *November 15th* for spring semester leave. Leaves for personal emergencies or medical issues will be accepted at any time. You will receive confirmation of your leave status via email.

For academic and personal leaves:

You are expected to return to HLS and enroll in classes the semester immediately following the end of your indicated leave. At that time, your student status will be reactivated and you will be billed accordingly. If you want to extend your leave beyond this date, you must request an additional leave.

For medical leaves:

If you are requesting a leave of absence for medical reasons, a note from your health care provider should be provided to the Dean of Students Office. Additionally, you must be cleared to return by the Dean of Students Office. You should begin that process three months before the semester in which you wish to return. Please contact the Dean of Students Office for additional information about requirements for returning from a leave of absence.

****Please remember to update HELIOS with your contact information while on leave.*

For Administrative Use Only:

DOS Approval: _____ Date: _____

SFS/Grad Program Approval: _____ Date: _____

HIO Approval (non-US citizens only): _____ Date: _____

Registrar Updates:

Expected graduation date: _____

Year upon return: _____