



HARVARD GRADUATE SCHOOL OF EDUCATION

LEAVE OF ABSENCE REQUEST FORM

Ed.M., C.A.S., Ed.LD., and Ed.D. Candidates

**Students: Before completing this application, please review the Leave of Absence policies in the HGSE Student Handbook. If you are in a Harvard sponsored Visa, please visit the HIO before completing this application.*

When a student is on leave from Harvard University, the applicable student health insurance coverage will end the last day of the month of the official last date of attendance as recorded by the Office of the Registrar. Students with a last date of attendance between December 1 and January 31 for the fall term and between May 1 and July 31 for the spring term will retain coverage through the end of the health insurance period for that term.

For details, review the Leave of Absence policy on the HUHSP website <https://hushp.harvard.edu> or contact the Student Health Insurance Office, Member Services, at 617-495-2008 or mservices@huhs.harvard.edu.

Name: _____

HUID: _____ **Email:** _____

Program: Ed.M. C.A.S. Ed.L.D.

Have you previously taken a Leave of Absence? Yes No

If "Yes," please list semester(s): _____

Requested Leave of Absence Period

Students may be granted leave for a maximum of two semesters. Those seeking a leave beyond two semesters must apply for an Extended Leave of Absence (see HGSE Student Handbook for more details, including the application process).

Fall 20_____ Spring 20_____ Expected Return Semester: _____

Requested Fee Structure

Facilities (\$250/semester; access to my.harvard and Harvard libraries) Active File (\$125/semester; no access to my.harvard or libraries)

Reason for Requested Leave of Absence

(Please include anticipated consequences of the leave on your course of study.)

Upon approval, confirmation of this Leave of Absence will be sent to: Student, Associate Dean for Enrollment and Student Services, Director of Financial Aid, Program Director, Program Assistant Director, Director for Master's or Doctoral Studies

OFFICE USE ONLY: Degree Clock Stopped Degree Clock Not Stopped LOA Effective Date: _____