



**HARVARD
GRADUATE SCHOOL OF EDUCATION**

OFFICE OF THE REGISTRAR

LEAVE OF ABSENCE REQUEST FORM

Ed.M. and C.A.S. Candidates

**Students: Before completing this application, please review the Leave of Absence policies in the HGSE Student Handbook.*

Name: _____ **U.S. Citizen?** Yes No

HUID: _____ **Program:** Ed.M. C.A.S.

Address: _____

Telephone: _____ **Email:** _____

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 Date: _____

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.)

Student Signature: _____ **Date:** _____

Date: _____

Program Director Signature

Date: _____

Associate Dean for Master's Studies Signature

OFFICE USE ONLY:

Degree Clock Stopped Degree Clock Not Stopped Approver Initials: _____ Date: _____