# LEAVE OF ABSENCE REQUEST

A leave of absence request may be granted for up to one year at a time. A leave of absence must be approved by a student’s faculty adviser (or division director in the case of PSL students) and the Vice Dean of Academic Affairs. The approval of a faculty adviser/division director and the Vice Dean of Academic Affairs is also necessary for a student to resume his/her program of study. Prior to completing this form, please set up an appointment to discuss the leave of absence request with your faculty adviser/division director. For more information on SOE’s Leave of Absence policy, please view [http://www.students.education.jhu.edu/catalog/SchoolAdmin/registration/leave.html](http://www.students.education.jhu.edu/catalog/SchoolAdmin/registration/leave.html).

## STUDENT TO COMPLETE THIS SECTION ONLY

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>Student ID</th>
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<td>_________________________</td>
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Are you an international student?* Yes____  No_____  Visa Type ______________________

*(Students with F-1 visas must contact the Office of International Services before leaving Johns Hopkins University. Per federal regulations, you may not remain in the U.S. if you wish to go on a leave of absence for a financial, family, or medical reason other than your own.)

Mailing Address: (If there are any changes to your contact information during your leave of absence expires, please update your personal information on Student Self-Service)

Street: __________________________________________________________________________

City: __________________________ State: _________  Zip Code: ________________

Phone: ___________________________  JHU Email: ____________________________

Program of Study: __________________________  Term/Year Entered: ________________

Faculty Adviser/Division Director: ________________________________________________

### Reason for requesting a leave of absence:

Academic performance____  Personal/family reason _____  Financial considerations_____  
Medical reasons* _____  Other_____

*Appropriate documentations, (for example, a letter from your doctor) may be required before a leave of absence is granted. Additionally, appropriate documentation (for example, a letter from your doctor) may be required to confirm your readiness to return to the university and resume your program of study.

If you choose Other, please explain (detail in a separate document [e.g. letter] if needed):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Please state the start and end of your requested Leave of Absence:
Start Semester/Year __________________ End Semester/Year ______________________

** Is this a request to extend a Leave of Absence? Yes ______ No ______

If yes, when does (or did) your prior Leave of Absence end? Semester/Year __________________

If you are granted a leave of absence please be aware of the following:

• Withdraw from Courses – You will need to withdraw from any courses (current and future) in which you are enrolled. Please contact soe.registration@jhu.edu if you have any questions about this process.
• Pay Your Bills – Students are responsible for paying all tuition and fees on their account.
• Financial Aid – You may have to begin paying back your loan with interest while on leave of absence. Please contact the Financial Aid office at soe.finaid@jhu.edu for further information.
• JHU Student Health Insurance – You will receive coverage for the period for which you have already paid. Check with Office of Student Affairs regarding insurance questions while on leave.

When you are ready to return to your studies, please contact your faculty adviser/division director for guidance.

Student Signature: ___________________________________________ Date____________

This signature verifies that you have provided accurate information and understand your financial and legal obligations to the Johns Hopkins University School of Education during your leave of absence.

Once your section of the form is complete, please submit the form to your faculty adviser/division director. You will receive a signed copy of this form notifying you whether your request for a leave of absence has been granted.

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Faculty Adviser/Division Director Approval</th>
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<tbody>
<tr>
<td>Leave of Absence Granted: Yes ______ No____</td>
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<tr>
<td>Start Date of Leave of Absence: ____________ Leave of Absence Approved Until: ____________</td>
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<tr>
<td>Print Name: __________________________________________________________________________</td>
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<tr>
<td>Signature: ___________________________________________________________________________ Date: __________________________________________</td>
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<tr>
<th>Vice Dean of Academic Affairs Approval</th>
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<tbody>
<tr>
<td>Leave of Absence Granted: Yes ______ No____</td>
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<tr>
<td>Print Name: __________________________________________________________________________</td>
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<tr>
<td>Signature: ___________________________________________________________________________ Date: __________________________________________</td>
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Copies of this decision form should be sent to: Faculty Adviser/Division Director _____ Vice Dean_____ _____ Student Affairs _____ OIS (for international students only) _____

The original Leave of Absence Request form should be sent to:
Registrar’s Office (Student File)