

LEAVE OF ABSENCE REQUEST

A leave of absence (LOA) request may be granted for up to one year at a time, for a maximum of two years. However, individual programs may limit the number of approved leaves of absence a student can take. A leave should be requested at least two weeks in advance of the academic term that the student expects to start their LOA. A leave of absence must be approved by a student's faculty adviser and the Vice Dean of Academic Affairs (or designee) and, depending upon the student, other approvals may be needed. The approval of a faculty adviser and the Vice Dean of Academic Affairs (or designee) is also necessary for a student to resume his/her program of study. Prior to completing this form, the student should set up an appointment to discuss the leave of absence request with his/her faculty adviser. For more information on SOE's Leave of Absence policy, please view the school's [Leave of Absence](#) policy for more information.

STUDENT TO COMPLETE THIS SECTION ONLY

Last Name (Please print)

First Name

Student ID

Are you an International student?* YES _____ NO _____ VISA TYPE: _____

***NOTE:** Students with F-1 visas must contact the Office of International Students and Scholars 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.

Are you currently receiving Financial Aid? YES _____ NO _____ **(PLEASE SEE NOTE ON PAGE TWO)**

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/ Director: _____

Reason for requesting a leave of absence:

Academic performance _____ Personal/family reason _____ Medical Reasons _____ Other _____

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

Please explain in detail your reason(s): (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:

- **Current Course Enrollments** – You will not be placed on a leave of absence during a semester in which you have matriculated and the course(s) you are enrolled in have already started. If you are unable to complete the current semester in which you are enrolled, you must drop/withdraw from all courses in accordance with the School of Education’s [Dropping/Withdrawing from a Course](#) policy and [Withdrawal/Audit Calendar](#) [Note: Students who withdraw from courses after the semester has begun will not be placed on an official leave of absence for that semester; the leave of absence status will not take effect until the following semester.] If the deadline has passed to withdraw from courses in which you are currently enrolled, you will need to file a [General Petition Form](#) to appeal to be withdrawn from those courses. [Note: Appeals to withdraw from courses after the deadline has passed will only be granted in exceptional circumstances, such as a family emergency.]
- **Future Course Enrollments** – You are responsible for dropping any classes for which you are registered in any future terms. Please contact the Office of the Registrar through [SEAM’s online form](#) if you have any questions about this process.
- **Pay Your Bills** – You are responsible for paying all tuition and fees on your account.
- **Financial Aid** – You may have to begin paying back your loan with interest while on leave of absence. Please contact the Financial Aid through SEAM’s online form office for further information.
- **JHU Student Health Insurance** – You will receive coverage for the period for which you have already paid. Check with Office of the Registrar through SEAM’s online form regarding insurance questions while on leave.
- **If you fail to matriculate or obtain approval for an extension following the expiration of your leave of absence, you will be administratively withdrawn from your program.**

When you are ready to return to your studies, please contact your faculty adviser 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.

Once the final decision is made, the Office of the Registrar will email you a signed copy of this form (via you jhu.edu email address) notifying you whether the request for a leave of absence has been granted and will send copies to these offices: Vice Dean or Designee; faculty adviser; faculty lead/program director; Financial Aid Office; Student Accounts Office; and OIS (for international students only).

OFFICE USE ONLY

<p>Faculty Adviser Approval</p> <p>Leave of Absence Granted: Yes ___ No ___</p> <p>Start Date of Leave of Absence: _____ Leave of Absence Approved Until: _____</p> <p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>
<p>Vice Dean of Academic Affairs (or designee) Approval</p> <p>Leave of Absence Granted: Yes ___ No ___</p> <p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>