

**Harvard Law School
Office of the Registrar
Leave of Absence Request**

Name: _____

Harvard ID: _____ Class Year: _____

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

Contact information while on leave:

Mailing address: _____

Telephone: _____ Cell Phone: _____

Harvard email: _____

Leave of absence period: Fall 20__ Winter 20__ Spring 20__

Expected Semester of Return: Fall 20__ Winter 20__ Spring 20__*

Reason for leave of absence: _____

I have read the Harvard Law School Voluntary Leave of Absence Policy found on the Registrar's Office website.

Student: _____ Date: _____

HLS and Harvard University Signatures

Dean of Students Office (required): _____ Date: _____

Student Financial Services (if applicable): _____ Date: _____

HIO Advisor (non-US citizens/permanent residents only): _____ Date: _____

Registrar (required): _____ Date: _____

Completed requests must be submitted to the Registrar's Office in Pound 300 by March 15 for fall semester leave or full year leave or by October 15 for spring semester leave. You will receive confirmation of your leave status via email.

*The Registrar's Office expects you to return to HLS and enroll in classes for the semester that you have indicated. 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 additional leave.

For Internal Use Only

Approved: _____ Effective Date of Withdrawal: _____ Date of Approval: _____

Notification: Registrar's Office ___ Dean of Students Office ___ Student Financial Services ___ HLS Financial Office ___
Office of Career Services ___ Office of Public Interest Advising ___ Admissions ___ Clinical and Pro Bono Programs ___
___ Library ___ ITS ___ HIO ___ HU Student Loan Office ___