

Leave of Absence Request Form

Leave requests MUST be received by the Sanford School PRIOR to the first day of class in the semester for which you are requesting the leave.

Name of Student: (Please print) _____

Student ID: _____
(Please use Student ID and not Unique ID)

Student's Program: _____

Mailing Address: _____

Requesting leave of absence for the following term(s): _____ to _____
month/date/year month/date/year

Reason for Leave of Absence (required): _____

Do you plan to stay in the United States during your Leave of Absence? _____

Note: 1) Leave can be granted only to students who are in good academic standing. This includes the requirement of a zero balance on your Bursar's account. 2) Students cannot take more than 2 semesters of leave during the course of their graduate studies. 3) Time limitations which pertain to the various degrees and the completion of courses in which a grade of "I" (incomplete) was earned are **not** waived. Please be sure to notify the Director of Graduate Studies and the Director of Student Services, in writing, of your intention to return. Failure to do so may result in your withdrawal from the Sanford School.
4) LOA will result in immediate suspension of your Duke Card priveleges.

Signature of Student Date

Director of Graduate Studies Date

Sanford School Registrar Effective Date