Yale School of Architecture

LEAVE OF ABSENCE REQUEST

Student Name _____ **SID #** _____ **Year Matriculated** _____

Program ☐ M.Arch I ☐ M.Arch II ☐ M.E.D. **Current Year** ☐ 1 ☐ 2 ☐ 3 **Date** _____

Request Leave of Absence

☐ Medical Leave of Absence (doctor's letter required to be submitted separately)

Last date I attended classes (LOA effective date) _____

☐ Elective Leave of Absence

For the ☐ Fall _____ (indicate year) ☐ Spring _____ (indicate year) ☐ Summer _____ (indicate year)

Reviewed by _____ Date _____
Signature of Assistant Dean for Academic Affairs

Explanation of Request (if more space is needed, attach additional page)

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Alternative Contact Email Address (while on leave) _____

Student Signature _____

RULES COMMITTEE

Meeting Date_____ Doctor's letter reviewed ☐ Yes ☐ No

Final Action ☐ Approved ☐ Disapproved ☐ Hold For _____

Comments_____

_____

Approved by _____ Date _____
Signature of Chairperson Rules Committee