Yale School of Architecture

LEAVE OF ABSENCE REQUEST

Student Name					SID #				Year Matriculated	
Program	☐ M.Arcl	nl [☐ M.Arch II	□ M.E.D.	Current Year	□ 1		2 🗆	3	Date
Reques	t Leave o	of Ab	sence							
] Me	dical Leave o	f Absence (doc	tor's letter required	to be sul	omitte	ed sep	arately)	
			Last date I	attended classe	es (LOA effective da	ate)				
] Ele	ective Leave o	of Absence						
			For the	Fallindicate ye	□ Spring	dicate year		Summ		rate year
			Reviewed	•		•				Date
			Reviewed	Signat	ture of Assistant De	ean for Ac	caden	nic Affa	airs	Date
Last da	te of Atte	enda	nce:							
Explanation of Request (if more space is needed, attach additional page)										
Alternat	ive Cont	act E	mail Addr	ess (while o	n leave)					
Student Si	ignature									
RULES C	OMMITTEE									
	Meeting Da	te			Doctor's letter	reviewed		∃ Yes	s 🗆	No
١	Final Actio	n 🗆	Approved	☐ Disappro	ved Hold Fo	or				
•	Comments_									
	А	pprove	ed by	Signature of Cha	airperson Rules Co	mmittee			Date _	
			`							