YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Personal Leave of Absence Request Form

REGISTRAR

ASSOCIATE DEAN

For full text of the Graduate School's leave of absence policies, click here.

To be completed by the student (please save before printing):

Name: _____ _____ SID: _____
Last First

Department: _____ Year of Study (current): 1st

Term: ☐ Fall ☐ Spring Year: _____

Mailing Address: _____ _____ ____ _____
Street City State Zip Code

Email: _____ Phone: ( ) _____ -- _____

Advisor's Name: _____ _____ Phone: ( ) _____ -- _____
Last First

I request a personal leave of absence from _____ to _____
(month/day/year) (month/day/year)

Reason(s) for the leave: _____

_____

_____

_____

_____

_____ _____
Student Signature Date

To be completed by the Director of Graduate Studies:

Personal Leave of Absence is recommended: ☐ Yes ☐ No

_____ _____
Signature of Director of Graduate Studies Date

To be completed by the Associate Dean:

Personal Leave of Absence is approved: ☐ Yes ☐ No

_____ _____
Signature of Associate Dean Date

After department approval, either (1) fax to 203-432-6904 or
(2) send to Graduate School Associate Deans' Office, Hall of Graduate Studies (HGS) Room 134