APPLICATION FOR LEAVE OF ABSENCE INSTRUCTIONS

Application Deadline
Applications for a leave of absence are due by August 1 for the fall term or academic year and by January 1 for the spring term. Students filing after these dates are charged a late registration fee of $50.00 plus an additional $5 for each week late. Applications for leave of absence will not be approved if students have an outstanding term bill from a previous term or if a loan from the University is delinquent by more than 90 days. Students who fail to register are liable for a lapse-of-candidacy fee of $250. Students who want to discontinue their degree candidacy should file a withdrawal notice with the GSAS Dean’s Office.

Health Insurance Coverage
A student who goes on leave of absence before October 1 (fall) or March 1 (spring) will have BCBS and SHF charges removed from their term bill and will no longer have health insurance coverage. If the student wishes to purchase health insurance coverage, he/she must enroll in person at the Member Services Office within 30 days of the approved application. A student who goes on leave on or after 10/1 (fall) or 3/1 (spring) will retain the health insurance coverage in which he/she originally enrolled that term. Visit www.huhs.harvard.edu for information. Call UHS Member Services (617-495-2008) or e-mail mservices@uhs.harvard.edu with questions.

Tuition Payments
The tuition requirements for the PhD are two years of full tuition and two years of reduced tuition. A traveling scholar may elect to delay payment of tuition, and instead pay the active file fee or the facilities fee, for up to two years prior to the completion of the tuition requirements. Grants are ordinarily given for resident status only and do not normally cover the Active File Fee. Please contact your financial aid officer regarding your grant an choosing an appropriate tuition option (617-495-5396).

Once an application has been approved, there is a $30 fee for any change later requested in the charges for a term.

Approval
Students are encouraged to contact their department regarding the effect of their Leave of Absence on their departmental G-year and progress toward degree.

It is not advisable for students to take more than one year of leave. In unusual situations where additional leave may be required, the department should contact Rise Sheplesle, assistant dean of student affairs, (617-495-1814, rsheplesle@fas.harvard.edu) to discuss the situation.

Contact Information
While the address on the application should be a mailing address for the period students are to be on leave, it is important to also indicate where the student will be spending the term for GSAS use in locating students in emergency situations. Students must provide an e-mail address that will be monitored regularly; if there is any problem processing the application, the GSAS Dean’s Office will e-mail the student.

Loans
Payment on education loans is not deferrable for a student on Leave of Absence. Repayment of Federal Stafford (formerly GSL)/Federal Direct and Federal Perkins/NDSL loans begins six or nine months after a student goes on leave, depending on the terms of his or her loan(s). A student registered in residence at another school should obtain deferment forms from the Harvard Loan Office in Holyoke Center or from the bank/lending agency from which he or she has borrowed. Questions regarding loan status should be referred to the Loan Office (617-495-3782) or to the lending bank/agency.

International Students
Immigration regulations require that F-1 or J-1 visa holders must maintain full-time enrollment status while in the United States. F-1 or J-1 students who are considering applying for a leave of absence must speak to an advisor in the Harvard International Office (Holyoke Center 864, 617-495-2789) before submitting an application.
APPLICATION FOR LEAVE OF ABSENCE
(for students whose time will be primarily devoted to activities other than degree work)

Last Name: __________________________  First Name: __________________________  Harvard ID: __________________________

Department: __________________________  G-Year: ____  Degree Program: ______  Anticipated date of degree: ______

E-mail*: ____________________________________  Telephone Number: ______________________________________

*Please provide an e-mail address that you will check often; if there is a problem processing your application you will be contacted via e-mail.

Address: __________________________________________  __________________________________________  __________________________________________  __________________________________________

Citizenship:

☐ United States
☐ Other  Country: __________________________  Visa: __________

Please check off the term(s) you wish to register on a Leave of Absence:  ☐ Fall  ☐ Spring  Acad. Year: ______

Please make one tuition selection below. If you have any questions, contact your Financial Aid Officer (617-495-5396).

☐ Full or Reduced Tuition (please confirm with your Financial Aid Officer that grant will cover tuition)
☐ Facilities Fee (access to Harvard facilities, e-resources, and HOLLIS catalog)
☐ Active File Fee (no access to e-resources, HOLLIS catalog, or Harvard facilities)

Health Insurance Coverage: A student who goes on leave of absence before October 1 (fall) or March 1 (spring) will have BCBS and SHF charges removed from their term bill and will no longer have health insurance coverage. If the student wishes to purchase health insurance coverage, he/she must enroll in person at the Member Services Office within 30 days of the approved application. A student who goes on leave on or after 10/1 or 3/1 will retain the health insurance coverage in which he/she originally enrolled that term. Visit www.huhs.harvard.edu for information. Call UHS Member Services (617-495-2008) or e-mail mservices@uhs.harvard.edu with questions.

Why are you requesting a Leave of Absence? (REQUIRED)
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please indicate where (city and country) you will be and when:
_________________________________________________________________________________________________

By signing below, the student indicates that he or she has read and understood the instructions on the previous page.

Student Signature: __________________________________________  Date: __________

Student’s Advisor: __________________________________________  Date: __________

Director of Graduate Studies: __________________________________________  Date: __________

International Office (for international students only): __________________________________________  Date: __________

GSAS Dean’s Office: __________________________________________  Date: __________