

SARAH LAWRENCE COLLEGE GRADUATE STUDIES

Note: You are responsible for obtaining signatures from each of the departments listed on this form.

Leave of Absence Request Form

Leave of Absence - effective date: _____

Semester(s): _____

Student's ID#: _____

Student's Legal Name: _____

Class: (G1/G2/G3): _____

Division: GR

For Student:

My signature below confirms that I will take a Leave of Absence as described in this document and understand my financial obligations related to this.

Student Signature: _____

For Program Director:

My signature below confirms that I have approved this Leave of Absence and have informed the student of their financial obligations regarding college fees (including a leave of absence fee that must be paid for each semester they are away), and have gone over the tuition refund schedule with the student.

Program Director Signature: _____

For International Graduate Student Advisor (when applicable):

My signature below confirms that I have met with this student about their F1 status regulations related to this Leave of Absence:

Graduate International Student Advisor Signature: _____

Students: Please email this completed form to gradadministration@sarahlawrence.edu.