Before submitting this application to your Academic Advisor please make sure to read the Leave of Absence policy.

Section 1: To be completed by the student

Hopkins Student ID #: ____________________________

Name: _______________________________________________________________________________________________________
(Please Print) 

Last First Middle

Phone number: ____________________________ JHU E-mail address: ____________________________

1. I have previously been approved for a leave of absence: [ ] Yes [ ] No
   a. If "yes", when: ____________________________

2. I am seeking the following degree (check one): [ ] MS [ ] MBA [ ] Graduate Certificate

3. I am an international student: [ ] Yes [ ] No

4. I am currently receiving financial aid: [ ] Yes [ ] No
   (Funds issued by the Financial Aid Office in the form of loans, grants, scholarships, work study, etc.)

5. I am requesting a leave of absence for the ____________ term through the end of the ____________ term.

6. Reason for absence (check one): [ ] Medical Condition [ ] Personal or Family Hardship [ ] Military Service

7. The last day I intend to work in any way toward the completion of my degree prior to starting LOA will be ____________ (mm/dd/yy).

8. I estimate the completion of all my remaining degree requirements by ____________ (mm/dd/yy).
   [ ] I have included the mandatory documentation (i.e. medical documentation from a medical professional if a medical leave, personal letter for personal hardship, service order with start and end dates for the call to military duty)

Student’s Signature: ___________________________________________ Date ________________

Section 2: To be completed by the Office of International Services (OIS) and/or Financial Aid Office (if applicable)

OIS Representative’s Signature: ___________________________________________ Date ________________

Financial Aid Representative’s Signature: ___________________________________________ Date ________________

Submit to your Academic Advisor after completing Sections 1 and 2. Your Academic Advisor will submit to the LOA Committee for review and decision.

Section 3: To be completed by the LOA Committee

Committee Decision:
[ ] Approved
[ ] Approved with the following conditions: ____________________________________________________________
[ ] Denied due to: ____________________________________________________________

LOA Committee Chair Signature: ___________________________________________ Date ________________

The Registrar’s Office will send approval of Leave of Absence via email

REV.11/2018