



OFFICE OF THE REGISTRAR
YALE LAW SCHOOL
127 Wall Street
New Haven, CT 06511

Request for Leave of Absence

PURPOSE: Request to take a leave of absence.

INSTRUCTIONS: Please e-mail the completed form to the registrar's office at registrar.law@yale.edu. If your leave is approved and you wish to continue the Yale Health Plan, you **must** contact the Member Services Department (432.0246) to extend your coverage.

Student Information

Last Name: _____ First Name: _____

Student ID#: _____ Class Year: _____

Leave of Absence Request

Period of Leave Requested: ☐ From: (Semester/Year) _____ ☐ To: (Semester/Year) _____

Semester of Intended Return: _____

Please describe your reason(s) for a leave and your plans during your time away from the law school (feel free to attach a statement to your form as well as any documents supporting your statement):

Contact Information While on Leave:

ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL
VALID UNTIL		

Continued...

OFFICE USE

Date Processed: _____ Staff: _____



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Student Signature: _____ **Date:** _____

Students on Leave of Absence will be charged a fee of \$175 per semester. Once a leave is approved, this form will be placed in the student's permanent record, and a notation will be made on the student's transcript.

Student Standing (completed by the Registrar's Office)

Student is in good academic standing: ☐ Yes ☐ No

Incomplete Coursework on Transcript:

TERM	COURSE TITLE	INSTRUCTOR(S)

Registrar Signature: _____ **Date:** _____

Dean of Students or Academic Affairs Signature: _____ **Date:** _____

Comments: _____

OFFICE USE ONLY

SID:

Last term enrolled: _____
Date of separation: _____
New term: _____

Term completed: _____
Date of determination (if different): _____
Enrollment status: _____