Bard College Berlin
A LIBERAL ARTS UNIVERSITY

LEAVE OF ABSENCE

Students use this form to formally request an official Leave of Absence for a specific amount of time. Students should file for a leave of absence when they anticipate missing class for more than a week. Students in need of a Leave of Absence should first consult with their Academic Advisor, before submitting the form to the Head of Student Life or Director of Academic Services for approval. Requests for a prolonged period of leave also require approval from the Dean. The leave will not be considered official until the form with appropriate signatures has been returned to the Registrar’s Office and processed.

Full Name: ____

Permanent Address:____

Email Address: ____

Reason for leave:

____

____

Effective from (dd/mm):______________ semester: __________ year:________

Final day of absence (dd/mm): ____________ semester: ________ year:_______

Required Signatures:

____

Student Signature/Date

____

Head of Student Life/ Director of Academic Services Signature/Date

____

Academic Advisor Signature/Date

____

Dean Signature/Date
(*required for a semester-length absence*)

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Office use:

____________ Date received

____________ Date processed

____________________________ Processed by

Notes:

____