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. Leave of Absence will not be considered official until the form with appropriate signatures is returned to the Registrar's Office and processed.

Last Name: ________________________________ First Name: _______________________________

Permanent Address:

____

____

Email Address: _________________________________ DOB_____________________________

Reason for leave:

☐ Academic ☐ Financial ☐ Medical ☐ Personal

(Please Specify):

____

____

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

Final day of absence (dd/mm) :_______________semester: ______________ year: __________

Required Signatures:

____ _______________________________
Student Date

____ _______________________________
Academic Advisor Date

____ _______________________________
Dean of Academic Affairs Date

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Office use:

___________ ____________ _______________________________
Date received Date processed Processed by

Notes:____