YALE UNIVERSITY

GRADUATE SCHOOL OF ARTS AND SCIENCES

Medical Leave of Absence Request Form

REGISTRAR

ASSOCIATE DEAN

On the written recommendation of an appropriate physician *on the staff of the Yale University Health Services* and with the recommendation of your department, the appropriate Associate Dean of the Graduate School will grant a medical leave of absence if you must interrupt study temporarily because of physical or psychological illness. You may apply for a medical leave at any time after matriculation in the Graduate School. Normally, medical leaves, like personal leaves, will be granted only to students who are current with degree requirements.

Before re-registering after a medical leave, you must secure written permission to return from an appropriate physician *on the staff of the Yale University Health Service*.

For full text of the Graduate School's leave of absence policies, click here.

To be completed by the student:

Name: _____ _____ SID: _____
Last First

Department: _____ Year of Study (current): _____

Term: ☐ Fall ☐ Spring Year: _____

Mailing Address: _____ _____ _____ _____
Street City State Zip Code

Email: _____ Phone: ( ) _____ -- _____

I request a medical leave of absence from _____ to _____
(month/day/year) (month/day/year)

I have requested that Dr. _____ of the Yale Health Service send a written recommendation for this leave to Associate Dean _____.

_____ _____
Student Signature Date

To be completed by the Director of Graduate Studies:

Medical Leave of Absence is recommended: ☐ Yes ☐ No

_____ _____
Signature of Director of Graduate Studies Date

To be completed by the Associate Dean:

Medical Leave of Absence is approved: ☐ Yes ☐ No

If yes, the medical leave of absence is for the period from _____ to _____
(month/day/year) (month/day/year)

_____ _____
Signature of Associate Dean Date

Upon completion, send form to the Graduate School Office of the Registrar, Hall of Graduate Studies (HGS), Room 113.