



Request for Leave of Absence Signature Form

Submit this signature online at <https://www.applyweb.com/emorypst/index.ftl>.

Last name: First name: EmplID:

Graduate program:

I want my leave of absence to begin on or about _____.

(Note: The official effective date will be determined in consultation with the Assistant Dean of Student Affairs, and will be recorded in OPUS.)

I intend to return at the start of _____ semester, _____.

Director of Graduate Studies / Program Director

- ☐ We have discussed this student's reasons for taking a leave of absence.
- ☐ We have discussed how this leave may affect timely progress through program and LGS requirements.
- ☐ We have discussed how this leave may affect stipend payments and health insurance coverage. **See below.**

For PhD students receiving stipend: the final stipend payment prior to leave should be paid on _____ (date).

DGS / Director Name:

DGS / Director Signature: _____ Date: _____

For students in the GDBBS: your division director will review in the online system.

1. If you receive a stipend from Emory, contact your Program Administrator to discuss your revised stipend schedule.
2. If you are enrolled in the Emory/Aetna Student Health Insurance Plan, your policy coverage dates may change, depending on the timing of your leave. The annual policy provides coverage starting August 1 (international students) or August 15 (domestic students).
 - If you leave **after the Fall semester**, the policy will terminate early on January 7.
 - If you leave **after the Spring semester**, the policy will terminate at the end of the regular policy year on July 31 (international students) or August 14 (domestic students).
 - If you leave **in the middle of a semester**, your policy coverage will depend on your leave start date. Please contact Kimberly Taylor in Student Health Services to confirm your coverage end date: ktaylo2@emory.edu. Be sure to include your student ID number and leave start date.

General information about coverage dates and eligibility is available in the Aetna Student Health Insurance Plan Guide: http://studenthealth.emory.edu/hs/insurance_fees/aetna/brochure.html.