VERMONT LAW SCHOOL

REQUEST FOR LEAVE OF ABSENCE

NAME		DOB (MM/D	D)	
Please Print			,	
ADDRESS DURING LEAVE				
	Street PO Box			
	City	State	e Zi _l	p
I hereby request a leave of a	absence from the follo	wing program(s):		
JD	_MELP	_LL.M.		
Are you a joint-degree stude	nt?Yes	No		
Date of this request				
Is this the last date you atter	nded classes? If no, o	n what date were you	last in atten	ıdance? ¹
When do you expect to resu	me your studies?	FALL SPRING S (circle one)		(year)
The Registrar has the author degree candidates who are resolved will be required to apply J.D. program is for one seme therefore, will no longer be promust resume their studies in for additional leaves must be	not in mid-term. If a so to the Committee on ester, you will no longular part of the class rank p time to complete thei	tudent requests a leave Standards. If the requer be part of a class unrocess. MELP and Leave regrams within the	ve during a suested leave pon your retule. L.M. degree	semester, e from the urn and, e candidates
Student's Signature				
Registrar's Signature		D.		
	(signifies app	orovai)		

Not applicable if enrollment continues in a different program.