Bard College

Petition for Academic Leave of Absence

Use this form to request permission for an academic leave of absence from Bard College to study at (or through) another academic institution. Use this form only if you plan to earn credits towards your Bard degree by spending a semester at another institution within the United States. Students who do not receive Executive Committee approval before taking a leave of absence will not receive credit at Bard College for courses taken during that leave.

Name ____________________________  Class Level ____________________________

Major ____________________________  Date of Moderation ____________________________

E-mail ____________________________  Cell phone Number ____________________________

Semester of leave Fall / Spring 20____  Semester of return Fall / Spring 20____

Name of college or university at which you propose to study ____________________________

Credit System (semester hours, quarter hours, E.C.T.S., etc.) ____________________________

In a 1-2 page attachment, please answer each of the following questions:

1. What are your reasons for wanting to study away from Bard?
2. What is the program of study to be taken up during your leave of absence?
3. How does studying away relate to your academic program of study?
4. How has the work you have done at Bard to date prepared you for this program of study?
5. How will studying away impact your work at Bard upon your return?

Attach also a 1-page list of the courses you plan to take. Specify the course number and title as well as the number of credits you are requesting for the course. Please attach course descriptions if possible. (NB: If you are not sure what courses you would like to take, list representative courses, but note that final credit determination is at the discretion of the registrar; be sure to contact the registrar before registering for specific classes to ensure credit transfer. If you plan to take courses deemed as Independent Study, Internship, or Field Study, extra documentation may be required.)

Adviser’s comments on proposed leave of absence:

Adviser’s Name (please print): ____________________________________________

Signature ____________________________  Date ____________________________

Dean of Studies Approval ____________________________  Date ____________________________

Executive Committee Approval ____________________________  Date ____________________________

Be advised that it is your responsibility to contact the student accounts and housing offices before leaving. Students receiving financial aid should contact that office to determine their status.