DUKE KUNSHAN UNIVERSITY UNDERGRADUATE LEAVE OF ABSENCE APPLICATION

Students who wish to leave the University temporarily for personal, medical, or military-service reasons, may request a Leave of Absence.

- From the beginning of the second semester of the first year, students in good standing may request a personal leave of absence for one or two terms by completing a leave request form and submitting it to DKU Leave of Absence and Return via leave of absence and return@dukekunshan.edu.cn prior to the first day of classes of the term in which the leave is granted. A personal leave of absence starts after one term ends and before the next term begins. A personal leave of absence is not granted for a term in which classes have begun, except in extreme cases such as family death or recent diagnosis of terminal illness.
- A medical leave of absence with proper documentation may be granted at any time but with one restriction. Students requesting a medical leave of absence during a current session must file the leave of absence forms prior to the end of the last day of classes of that session.
- Students called to a military service can request a leave of absence as early as the first term in the freshmen year. If the leave of absence starts
 from the first term in their freshmen year, students should first complete all the new student registration procedures before applying for a leave
 of absence.

A student may receive transfer credit for no more than two courses (8 credits) taken at another accredited four-year institution in the US or similarly accredited institution abroad and with a liberal arts and general education curriculum while on leave of absence for personal or medical reasons.

Return is contingent upon approval of a *Return from Leave of Absence* application. The University reserves the right to request appropriate documentation, determined on a case-by-case basis, to confirm that the student is qualified and/or ready for return.

Instructions: Type or print legibly in ink. When you have completed this form, return it to the DKU Leave of Absence and Return via leave_of_absence_and_return@dukekunshan.edu.cn. The Registrar and Dean of Academic Services will inform you by letter of the committee's decision.

Prin	ted Name and Year(First)		(Middle)			(Last)	(Class Year)
Email address at which you can be reached during your LOA							
SIS	ID (8 digits)						
Anti	cipated Residence Address during L	eave of Abser	nce				
Му	current class standing is: (circle one)	First-Year	Sophomore	Junior	Senior		
Тур	e of leave: (circle one)	Personal*	Medical	Military	Other		
*	If personal LOA, reason: (circle all the	hat apply)	Academic	Social	Financial	Suspension	Other
Му	eave would begin: (circle one)	August	January	Year: 20	Other spe	ecific date	
I ho	pe to return to DKU: (circle one)	August	January	Year: 20			
Before submitting this application, you should follow the procedure outlined below and check all items as completed.							
	I. Consult with your family or guardian.						
Would you like the university to send a copy of this form to your family or guardian? Yes (provide email address							ess) □No
	2. Discuss your plan for a leave of absence with your academic advisor.						
Academic Adviser Signature							
	3. Discuss your plan for a leave of absence with your signature work mentor, if applicable. Signature Work Mentor Signature						
	Determine the effect a leave of absence would have on financial aid by checking with the Financial Aid Office.						
_	Financial Aid Office Signature						
	5. Consult with Student Experiences. Please contact Residence Life if you have any questions related with residence duration or room assignment. I you are an international student, please check with the International Student Services about your visa and Chinese residence permit.						
	6. Attach a statement of your reasons for requesting a leave of absence at this time and explain how you plan to utilize the time.						
	7. If you are requesting a medical leave: for physical reasons, you must provide a diagnosis from Duke Kunshan University Campus Health Services or from a Level II hospital or above; for psychological reasons, you must provide a recommendation from CAPS, or provide a recommendation from a licensed psychological counselor. Please note that you will be asked to provide additional documentation for application of re-admissions. Director of Campus Health Services or Counseling and Psychological Services Signature						
	 Medical Recommendation required for return 8. Meet with the Registrar and Dean of Academic Services or delegate, who will complete the date of return eligibility, consulting with the Dean of Student Experiences, as appropriate on a case-by-case basis. 						
	Registrar and Dean of Academic S	Services Signa	ature		Eligible to app	oly for return for	
I certify that the above information is ACCURATE and the steps have been FAITHFULLY completed.							

Date

Student Signature