

PHD LEAVE OF ABSENCE REQUEST FORM

To request a Leave of Absence, please fill out the following information, obtain your Department Chair's approval signature and return to the Weitzman Office of Student Services. Please see the full policy at <https://catalog.upenn.edu/pennbook/phdstudentleaveofabsence/>

Student Information (please print clearly)

Date:	Term:
Full Name:	PennID:
Graduate Group/Department:	Faculty Advisor:
Email While on Leave:	Phone:
International Students Only: I've completed the leave process with International Student and Scholar Services (http://global.upenn.edu/isss/absence) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Leave Requested: <input type="checkbox"/> One term <input type="checkbox"/> Two terms	
Date Leave Will Begin: _____ / _____ / _____ (MM / DD / YYYY)	
Please indicate the last date you attended classes in the current term: _____ / _____ / _____ (MM / DD / YYYY) <i>(If your leave request is for the next term, please use the last day of classes in the current term).</i>	
Anticipated Leave Date Return: _____ / _____ / _____ (MM / DD / YYYY)	
Reason for Leave of Absence: <i>Students requesting Family Leave should go to: https://catalog.upenn.edu/pennbook/family-friendly-policies-phd-students/</i>	
Military Leave	Medical Leave
Personal Leave	
PhD students taking medical leave: <ul style="list-style-type: none"> • Please ask your healthcare provider to fax documentation to Student Health and Counseling attention: Request Leave of Absence. Fax number 215-746-1032. Do not provide medical documentation to faculty or staff in your Graduate Group. • If you are taking a medical leave, and if the Weitzman School currently covers your Penn Student Health Insurance, would you like the School to continue covering PSIP for one semester while you are on medical leave? Yes No 	

Student Signature

Date

Approvals:

Department Chair Signature

Date

Registrar Signature

Date