

## 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 Office of Student Services at <a href="mailto:des-studentservices@design.upenn.edu">des-studentservices@design.upenn.edu</a>.

1. Dual degree students need approval signatures from both Department Chairs. 2. International students who are/were enrolled in Summer CPT are expected to continue studies in the Fall semester and should not plan a Leave of Absence in the Fall term immediately following summer CPT. 3. All students: the effective date for a leave of absence will be the date of last academic activity. If a leave is requested before the next semester has begun, the student's record will list the last day of the last term as the date of separation. Please see the <u>full Leave of Absence policy</u> before completing this form.

Student Information (please print clearly)

Constitution (product prints are all y)	
Date:	Current Term:
Full Name:	PennID:
Program(s):	
Weitzman Email Address:	Phone:
Personal Email Address:	
International Students Only:	
<ul> <li>a. Did you do CPT during the most recent summer term? □ Y</li> <li>b. Are you currently in the U.S.? □ Yes □ No</li> <li>c. If you are currently in the U.S. when do you plan to depart.</li> </ul>	
<ul> <li>If you are currently in the U.S., when do you plan to depart Note: F-1 visa students need to depart the U.S. within 15 days of</li> </ul>	
When are you requesting to begin your Leave of Abse	ence? ☐ Immediately ☐ At the end of the current term
Leave Requested:	Planned term of return:
$\square$ one semester (attach proposed plan for degree completion)	
□ two semesters	
Reason for Leave of Absence:	
☐ Medical (return from leave will require clearance from a medical	professional)
☐ Personal (for personal leaves, select one of the following reason.	s (this information is for required reporting purposes only)):
□ Employment and/or Internship Opportunity □ Financial □ Military Service □ Other ( <i>no additional information is required</i> )	
Signing this form indicates that you have read the full Weitzman Leave of the student to contact the Weitzman Registrar to request a return fr October 15 for scheduled Spring semester returns). Students who have nor requested an extension of leave by the first day of the semester in the Weitzman School.	om leave (by July 1 for scheduled Fall semester returns; by re not notified the Registrar in writing of their request to return
Student Signature	Date
Approvals:	
Department Chair Signature	 Date