

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 des-studentservices@design.upenn.edu. Note: dual degree students need approval signatures from both Department Chairs.

Please see the full Leave of Absence policy before completing this form.

Student Information (please print clearly)

Date:		Current Term:
Full Name:		PennID:
Program(s):		
Weitzman Email Address:		Phone:
Personal Email Address:		
International Students Only: ☐ Yes ☐ No		
I've completed the leave process with International Student and Scho	olar Services (http:/	//global.upenn.edu/isss/absence).
When are you requesting to begin your Leave of Abso	ence? 🗆 Imm	nediately $\ \square$ 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 informatio	on is for required reporting purposes only)):
 □ Employment and/or Internship Opportunity □ Financial □ Military Service □ Other (no additional information is required) 		
Signing this form indicates that you have read the full Weitzman Leav 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 Ju ve not notified th	ly 1 for scheduled Fall semester returns; by e Registrar in writing of their request to return
Student Signature		Date
Approvals:		
Department Chair Signature		Date