



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 policy on the back of 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>I've completed the leave process with International Student and Scholar Services (http://global.upenn.edu/iss/absence).</i> | |
| When are you requesting to begin your Leave of Absence? <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the current term | |
| Leave Requested: <input type="checkbox"/> one semester (<i>attach proposed plan for degree completion</i>) <input type="checkbox"/> two semesters | Planned term of return: |
| Reason for Leave of Absence: <input type="checkbox"/> Medical (<i>return from leave will require clearance from a medical professional</i>) <input type="checkbox"/> Personal (<i>for personal leaves, select one of the following reasons (this information is for required reporting purposes only)</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Employment and/or Internship Opportunity <input type="checkbox"/> Financial <input type="checkbox"/> Military Service <input type="checkbox"/> Other (<i>no additional information is required</i>) | |
| Signing this form indicates that you have read the full Weitzman Leave of Absence Policy and understand that it is the responsibility of the student to contact the Weitzman Registrar to request a return from leave (by July 1 for scheduled Fall semester returns; by October 15 for scheduled Spring semester returns). Students who have not notified the Registrar in writing of their request to return nor requested an extension of leave by the first day of the semester in which they were scheduled to return will be withdrawn from the Weitzman School. | |

 Student Signature

Date

Approvals:

 Department Chair Signature

Date