

PhD/AM/MS Leave of Absence Form

Student's Name: Last Name	First Name	Penn ID:	
School:			
Graduate Group/Department:			
Graduate Group Chair:			
Faculty Advisor:			
Email while on leave:			
Telephone number while on leave:			
Leave will begin: Date	Semester	Year	
Please indicate the last date you attended cl. (If your leave request is for the next semeste			
Explain the reasons for your leave and how	you plan to spend your tin	ne while on leave.	
Military Leave			
Medical Leave			
Personal Leave			
Family Leave			
(If requesting a Family Leave, please review	the policy and fill out the	conline form.)	
Anticipated Return from leave:			
Semes	ter Year		
		Leave of Absence, please ask your healthcare provider to fax	

PhD Students: If documentation has been requested for a Medical Leave of Absence, please ask your healthcare provider to fax documentation to Student Health Service (attention: Request Leave of Absence at 215-746-1032) and/or CAPS (attention: Request Leave of Absence at 215-573-8966). Do not provide medical documentation to faculty or staff in your Graduate Group.

Thank you!

We will notify your Graduate Group Chair, Dissertation Advisor, and Graduate Group Coordinator that you intend to take the accommodation and/or leave. You have the option to personally notify them first if you wish. Please allow 3 business days for staff to process your leave request form and notify your graduate group.

Visit the Family Center website for additional resources for students with children, www.familycenter.upenn.edu