

# LEAVE OF ABSENCE - RETURN Request Form

**Instructions:** This form must be used to request a RETURN from a Leave of Absence. For a description, conditions, and procedures for a leave of absence, please consult the student handbook:

<http://www.seas.upenn.edu/undergraduate/handbook/policy/leave-absence.php>

Name of petitioner: \_\_\_\_\_ Penn ID Number: \_\_\_\_\_

Major: \_\_\_\_\_ Name of Faculty Advisor: \_\_\_\_\_

Dual Degree program: Name of other school/pgm (if applicable): \_\_\_\_\_

Sub-matriculation program: Name of Master's (if applicable): \_\_\_\_\_

Email while on Leave: \_\_\_\_\_

Tel Num. while on Leave: (     ) \_\_\_\_\_

**I am requesting to RETURN from a leave of absence for the following semester:**

Fall       Spring       Summer      Year: \_\_\_\_\_

**On separate sheets, please attach your responses to the following. INCLUDE YOUR FULL NAME AND PENN ID NUMBER IN ALL ATTACHMENTS.**

1. What were the reasons that led to your taking a leave?
2. If medical issues were at least part of the reason for your leave, what treatment have you sought while on leave?
3. If you have incomplete grades in any of your previous courses, have you finished the work? Please detail the circumstances of any remaining Incompletes and your plans for finishing them.
4. How have you spent your time while on leave?
5. What are your plans for continuing your academic program and moving toward graduation? Attach a curriculum worksheet in PLAN view via Penn in-Touch, showing the courses you plan to take on a semester by semester basis.
6. What are your plans for academic or personal support (e.g. tutoring, counseling, learning skills help) upon your return?
7. Where are you planning to live when you return?

Signed (Petitioner): \_\_\_\_\_ Date of request: \_\_\_\_\_

**Office Use Only:**

**Committee Decision:**   \_\_ Approved           \_\_ Disapproved           \_\_ Conditional Approval (more action needed)

Signed (For the Committee): \_\_\_\_\_ Date: \_\_\_\_\_