

## PhD Request to Return from Leave of Absence Form

Student's Name: \_\_\_\_\_

Graduate Group/Department: \_\_\_\_\_

School: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Email while on leave: \_\_\_\_\_

Telephone number while on leave: \_\_\_\_\_

Reason for Leave:

- Military Leave
- Medical Leave
- Family Leave
- Personal Leave

Requested date to return from leave: <semester and year> \_\_\_\_\_

**PhD Students:** If Medical documentation is required for your return from leave, please use this form: [https://shs.wellness.upenn.edu/wp-content/uploads/2019/11/SHS\\_Return\\_From\\_Leave.pdf](https://shs.wellness.upenn.edu/wp-content/uploads/2019/11/SHS_Return_From_Leave.pdf)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

PhD Director Signature \_\_\_\_\_ Date \_\_\_\_\_