



## DOCTORAL PROGRAMS

### PhD Request to Return from Leave of Absence Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address while on leave: \_\_\_\_\_

Department: \_\_\_\_\_ Advisor: \_\_\_\_\_

Reason for Leave (circle one)

- ☐ 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).