



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.