

## **Doctoral Programs**

## **REQUEST FOR LEAVE OF ABSENCE**

(Return completed form to the Wharton Doctoral Office)

Leaves of absence are only granted under extenuating circumstances to students who are in good standing. Leaves are usually allowed for a period of one semester to one calendar year. Personal leave for other reasons may be granted for up to one year with the approval of the Graduate Dean, but it does not automatically change the time limit. Additional requirements for return may be imposed by the Graduate Dean. Leaves of absence will not be granted for a total of more than three years. A leave of absence can only be considered for students who have completed at least one semester of the Program. Click here to view PhD Student Leave of Absence Policy.

\*Students on leave are still subject to the one-year limit on Incompletes.

Name: \_\_\_\_\_\_Date: \_\_\_\_\_

E-mail address while on leave:		Department:				
Advisor:						
Date that leave is requested (date/term/year): From Return						
Explain the reasons for your leave and	d how you plan	to spend yo	our time while o	n leave.		
Military Leave Madical Leave*						
<ul><li>Medical Leave*</li><li>Personal Leave</li></ul>						
*If you are taking a medical leave, and		•	•		Insurance, v	would you like
the School to continue covering PSIP f	or one semeste	r while you	are on medical	leave?	Yes /	No
Students requesting a <b>Family Leave</b> sl	nould click here	to view the	e Family Friendly	Policies pag	e.	
Please indicate the last date you attended (If your leave request is for the next seme				urrent semeste	er.)	
Anticipated Return from leave (semes	ter and year):					
PhD Students taking medical leave: Pa Counseling attention: Request Lea documentation to faculty or staff in yo	ive of Absenc	ce. Fax ni	•			
PhD Coordinator's Recommendation	(check one):	Approv	e / Deny			
Coordinator Name	Signature			Date		
Vice Dean's Decision (check one):	Approve /	Deny				
Signature			Date			
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