Wharton
University of Pennsylvania

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 *returning from Medical Leave- Medical documentation is required to request a medical leave and to return from medical leave. Please ask your healthcare provider to fax documentation to Student Health & Counseling attention: Request Leave of Absence or Request Return from Leave of Absence. Fax number 215-746-1032. Do not provide medical documentation to faculty or staff in your Graduate Group.*

Student Health & Counseling will alert the Associate Vice Provost for Graduate Education that medical documentation has been received, and the Associate Vice Provost for Graduate Education will alert the appropriate School and Graduate Group.