Wharton
University of Pennsylvania

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 how you plan to spend your time while on leave.

- ☐ Military Leave
- ☐ Medical Leave*
- ☐ Personal Leave

_____

_____

*If you are taking a medical leave, and if Wharton currently covers your Penn Student Health Insurance, would you like the School to continue covering PSIP for one semester while you are on medical leave? ☐ Yes / ☐ No
PhD Students taking medical leave: Please ask your healthcare provider to submit medical documentation to Penn Wellness at wel-shsinsur@pobox.upenn.edu. Do NOT provide medical documentation to faculty or staff in your Graduate Group.

Students requesting a Family Leave should click here to view the Family Friendly Policies page. Please be sure to complete the New Parent Accommodation form

Please indicate the last date you attended classes in the current semester:_____
(If your leave request is for the next semester, please use the last day of classes in the current semester.)

Anticipated Return from leave (semester and year):_____

PhD Coordinator's Recommendation (check one): ☐ Approve / ☐ Deny

_____ _____ _____
Coordinator Name Signature Date

Vice Dean's Decision (check one): ☐ Approve / ☐ Deny

_____ _____
Signature Date