**LEAVE OF ABSENCE --- RETURN Request Form**

**Instructions:** This form must be used to request a RETURN from a Leave of Absence. For a description, conditions, and procedures for a leave of absence, please consult the student handbook: [http://www.seas.upenn.edu/undergraduate/handbook/policy/leave-absence.php](http://www.seas.upenn.edu/undergraduate/handbook/policy/leave-absence.php)

Name of petitioner: _________________________________________    Penn ID Number:________________________

Major: ___________________________________________________    Name of Faculty Advisor: _______________________

Dual Degree program: Name of other school/pgm (if applicable): ____________________________________________

Sub-matriculation program: Name of Master’s (if applicable): _______________________________________________

Email while on Leave: ________________________________________

Tel Num. while on Leave: ( ______ ) ________________________________________________________________

I am requesting to RETURN from a leave of absence for the following semester:

[ ] Fall    [ ] Spring    [ ] Summer    Year: __________________

On separate sheets, please attach your responses to the following. INCLUDE YOUR FULL NAME AND PENN ID NUMBER IN ALL ATTACHMENTS.

1. What were the reasons that led to your taking a leave?
2. If medical issues were at least part of the reason for your leave, what treatment have you sought while on
leave?
3. If you have incomplete grades in any of your previous courses, have you finished the work? Please detail
the circumstances of any remaining Incompletes and your plans for finishing them.
4. How have you spent your time while on leave?
5. What are your plans for continuing your academic program and moving toward graduation? Attach a
curriculum worksheet in PLAN view via Penn in---Touch, showing the courses you plan to take on a semester-
by-semester basis.
6. What are your plans for academic or personal support (e.g. tutoring, counseling, learning skills help) upon
your return?
7. Where are you planning to live when you return?

Signed (Petitioner): ____________________________    Date of request: __________________

**Office Use Only:**

**Committee Decision:** __ Approved    __ Disapproved    __ Conditional Approval (more action needed)

Signed (For the Committee): ____________________________    Date: __________________

Scan and email the form to [lvreturn@seas.upenn.edu](mailto:lvreturn@seas.upenn.edu) or return the form to the office of Research and Academic Services, 109 Towne Building, 220 S. 33rd Street, Philadelphia, PA 19104   10/2015