

Instructions: Complete this form, obtaining the signatures of your advisor and department/graduate chair. Submit the form, along with a check made payable to "Temple University" for the required fee of \$25.00 for one semester or \$50.00 for the two consecutive semesters in an academic year, to the dean's office of your school/college for processing.

	Fund/Org/Acct/Program	Fee per Semester
Leave of Absence	100000 24800 4908 04	\$25.00

Indicate the semester(s) for which a Leave of Absence is requested: Fall _____ Spring _____
YEAR YEAR

NOTE: This form expires at the end of the semester or academic year indicated above. Request a renewal for subsequent semesters by completing a new form and submitting the fee. With the exception of a serious condition, a student may not be granted more than four semesters of leave. Also note the following additional terms: (1) A Leave of Absence does NOT extend the time allotted toward a degree. The enrollment status of a student on leave is reported to lenders and loan servicing entities as "not enrolled." If you have a student loan, you are advised to contact your lender for information about your rights and responsibilities regarding repayment. (2) While on leave, a student retains library access and email privileges, but cannot receive academic advising, except as related to her/his petition for continuing the Leave of Absence. Further clarification is available in Graduate School Policy 02.25.14.

SECTION I: STUDENT INFORMATION

Name (Last, First and Middle)		TUid
Current Mailing Address (including City, State and Zip Code)		
Home Telephone () -	Temple E-mail	
School/College	Program	Degree

SECTION II: REASON FOR REQUESTING LEAVE OF ABSENCE

Select one reason only. If choosing "Other," you must provide a detailed explanation in the space below:

- Change in Employment Health Family Obligations Other

Explanation:

SECTION III: APPROVAL SIGNATURES

Student			Date / /
Advisor	Campus Telephone	Temple E-mail	Date / /
Department/Graduate Chair	Campus Telephone	Temple E-mail	Date / /
College Associate/Assistant Dean	Campus Telephone	Temple E-mail	Date / /

Approval cannot be assumed. You will be notified of the decision.