

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.

	Account Number	Fee per Semester
Leave of Absence	800-4908-102480000	\$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 of absence is reported to lenders and loan servicing entities as "not attending." If you have a student loan, you are advised to contact your lender for information about your rights and responsibilities regarding repayment. (2) Use of university facilities is suspended while a student is on leave.

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.