



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 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.