



## Request for a Leave of Absence

Fall/Year \_\_\_\_\_ Spring/Year \_\_\_\_\_

ACCT. # 800-4908-1024-80000

Do not write in this space.

For Cash Operations Use  
Only

1. Complete, sign and date the form.
2. Obtain the signatures of your advisor and department chair.
3. Present this form and your fee to your Asst/Assoc Dean's office.
4. The fee for a Leave of Absence is \$25.00 per semester. Make checks payable to "Temple University."
5. **Leaves will not be acted on without the fee.**
6. **Approval cannot be assumed.** You will be notified of the outcome.
7. Use of University facilities is suspended while on leave.
8. A Leave of Absence does NOT extend the time allotted towards a degree.

The enrollment status of a student on a 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.

**Note. A student may not be granted more than four semesters of leave except for a serious condition.**

### STUDENT INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I

Current Address \_\_\_\_\_  
Street City State Zip

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

### Degree Information

College \_\_\_\_\_ Program \_\_\_\_\_ Degree \_\_\_\_\_

### Reason for Requesting a Leave of Absence (Check Only One)

Change in Employment \_\_\_\_\_ Health \_\_\_\_\_ Family Obligations \_\_\_\_\_ Other \_\_\_\_\_ (Detail below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Approval Signatures

Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Extension: \_\_\_\_\_

Graduate Chair: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Extension: \_\_\_\_\_

Asst./Assoc. Dean: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Extension: \_\_\_\_\_  
School/College