

**UNIVERSITY OF PENNSYLVANIA
DEPARTMENT OF MEDICAL ETHICS
PETITION FOR ACTION**

Name

Term: _____

• **Leave of Absence (LOA)**

• **Withdrawal Department of Medical Ethics:**

*NOTE: ALL COURSES MUST BE DROPPED FOR THE TERM OF
WITHDRAWAL or LOA*

Reason for Withdrawal or LOA:

• **Other:** _____

Please explain your request:

Student's Signature

Date

Approved by Director of Graduate Studies

YES __ NO __

Signature _____ **Date** _____