

BGS Leave of Absence Request Form

Before completing this form, please refer to the [PhD Leave of Absence Policy](#). Students are encouraged to discuss the leave with their Graduate Group Chair.

Note: [Leaves of Absence for a Family Leave \(Birth or Adoption of a Child\)](#) are handled through the Graduate Student Center through [this form](#).

Name of Student: _____

Graduate Group: _____ Program, if in CAMB or GGEB: _____

Year of PhD Training: _____ Dissertation Mentor (if applicable): _____

Date of Last Thesis Committee Meeting (If Post-Candidacy): _____

Reason for Leave:

Personal _____

Military _____

Medical* _____

*If you are taking a **medical leave**, and if the BGS currently covers your Penn Student Health Insurance, would you like the School to continue covering PSIP for one semester while you are on medical leave?*

YES _____ NO _____

* PhD Students taking medical leave: Please ask your healthcare provider to fax documentation to Student Health and Counseling attention: Request Leave of Absence. Fax number 215-746-1032.

Do not provide medical documentation to faculty or staff in your Graduate Group, and do not specify details on this form.

Leave Start Date (Last Day Attending Class or Working in Lab): _____

Proposed Return Date: _____

Other Comments: _____

Student Signature: _____ Date: _____

Graduate Group Approval

Graduate Group Chair Signature: _____ Date: _____

The Graduate Group Chair should submit the completed form to the BGS Administrative Director. Once the leave is approved by BGS, a letter will be sent to the student confirming the leave details and conditions for return from leave.