



NOTIFICATION OF INTENT TO REQUEST A LEAVE OF ABSENCE

Office of the University Registrar

Please fill out this entire form in legible print, checking the appropriate spaces and sending it to the following address:

Philadelphia University
Attn: Registrar's Office
School House Lane & Henry Ave
Philadelphia, PA 19144-5947, FAX: 215-951-2742

Name: _____
Last First Middle

Previous Name: _____ Student ID/SSN: _____

Current Address and phone number:

Forwarding Address and phone number:

Phone: _____

Phone: _____

I request that this Leave of Absence become effective: Immediately* After the semester now in progress

**A Leave of Absence may be appropriate for students planning to return to the University. In order to qualify for a Leave of Absence, a student must have a 2.0 cumulative grade point average and re-enter the University within one calendar year. No leave of absence may take effect after the published "last day to drop a course". A form submitted after this deadline will automatically default to the "after the semester now in progress" option.*

Intended date of return: _____

Please answer the following questions before submitting this form to the Registrar's Office:

I currently live in campus housing yes no
I am an international student on an F-1 visa yes no
I am receiving Financial Aid yes no
I plan to transfer to another institution yes no If yes, name of institution _____
This is a medical leave yes no If yes, you must include a note from your doctor.

I have earned the following number of credits 0-30 31-60 61-90 over 90

My current major is: _____ My faculty advisor is: _____

I understand that:

- the effective date of the Leave of Absence is determined when the completed form is received by the Registrar's Office
- after the effective date I will no longer be a student of Philadelphia University and, as a result, student services cease to be available to me
- should I desire to return to Philadelphia University, I will need to apply for re-admission through the Office of Admissions at least one month prior to the beginning of the term

Student's Signature

Date

For office use only: Date received by Registrar's Office: _____
Effective date for this withdrawal: _____
Registrar's Office Signature: _____

Distribution List: Registrar's Office, Financial Aid, Business Office, Student Life, Learning & Advising