

Undergraduate Leave Of Absence Petition

To be effective for the current term, this petition must be submitted to your Advising office prior to the end of the second week of the semester.

Today's date: _____

Name: _____ TUID: _____

Address: _____

Phone: _____ Email: _____ Major: _____

I request a Leave of Absence (LOA) for one semester / two semesters: Fall _____ Spring _____
year year

Reason for Request:

Financial Medical/Health Personal Military Employment

During my Leave of Absence I retain the following:

- University requirements in place at the time of my first semester at Temple and the requirements for the Catalog year in which I declared my program (major, minor or certificates)
- Temple email access and library access/borrowing privileges
- Priority and self registration

I understand that students granted LOA are not considered registered students and should be aware of the following consequences:

- I am not eligible for any financial aid disbursements during the semesters while on LOA. Students on a LOA will be reported to lenders and loan service agencies as "not enrolled" and will need to contact lenders for information on possible repayment requirements.
- Enrollment verifications will be reported as "not enrolled," which could affect my eligibility for health insurance, etc.
- I am not eligible to use Student Health Services during the semester(s) while on LOA or any other University Services not listed in the previous section.
- I am not eligible for Campus Housing during my LOA.

I understand I may return earlier than the original agreed return date by providing notice to the school/college as soon as possible, keeping in mind applicable deadlines for registration, financial aid, etc.

I understand that if I do not return to the University following the approved term for my LOA and I later decide to continue my coursework at the University, I will need to apply for re-enrollment and will be required to follow the college/major/minor requirements in effect at the time of my return. The *Undergraduate Request to Re-enroll to Temple University* is submitted to the school/college where I plan to continue my education.

I understand that if I originally left the University through the Withdrawal with Exception for Medical Reasons, I need to provide a *Medical Provider's Statement to Return to the University* before I register for classes. (Go to www.temple.edu/VPUS/forms)

NOTE: The Leave of Absence policy does not apply to those who have received permission to study at an institution other than Temple. Please see an advisor if you are seeking permission to take courses elsewhere, whether in the U.S. or abroad.

I understand and agree to this policy:

Signature _____ Date: _____ Semester returning _____

Advisor's signature _____ Date: _____ Email: _____

Approved: _____ Denied: _____ Reason: _____

Dean's Designee signature _____ Date: _____ Email: _____

OFFICE USE ONLY:

Database Updated: _____
Sent to OUR: _____ FAX: 215 204 6626/ registrar@temple.edu
Notified Student: _____

OUR USE ONLY :

Processed by: _____
Date: _____
Notified Advisor: _____