



PHILADELPHIA CONSULTATION CENTER
PHILADELPHIA SCHOOL OF PSYCHOANALYSIS

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Leave of Absence Agreement

 Student Name and Credentials

 Date Of Meeting

Student's Program Status: ___ Matriculating ___ Candidate ___ Senior Candidate

Requesting Leave From: ___ Individual Supervision ___ Course Work ___ Training Analysis

Supervisor's Name: _____

Analyst's Name: _____

Reason for Leave: _____

Plan for Return: _____

 Date Reviewed by the Psychoanalytic Studies Committee: _____

Comments: _____

I understand that this Agreement expires in 6 months. I agree to resume my training at PSP within that time period or request a new Agreement from the Chair of the Psychoanalytic Studies Committee. I understand that only 2 Leaves of Absence and that if I do not resume my training within 12 months I will no longer be enrolled at PSP and would need to re-apply to resume studies.

Date Leave Expires: _____

 Student Signature

 Date

 Chair of Psychoanalytic Studies Committee Signature

 Date