

LEAVE OF ABSENCE CHECKLIST
University of Illinois College of Medicine at Peoria

Student Name: _____

Class of: _____

Date: _____

Reason for leave:

- Academic Study (attach objectives and detailed study plan)
- Financial (provide brief explanation)
- Medical (provide documentation from care provider)
- Personal (provide brief description/documentation of reason)
- Participation in Joint Degree Program (provide documentation)
- Career Reconsideration
- Research/Educational (provide description/documentation of activity)

Review: Supporting Documentation if required/appropriate

Discuss the following items:

<i>Initials</i>	<i>Date</i>	<i>Item Discussed and Contact</i>
_____	_____	Student status, policies, career implications, request process (discuss with Assistant Dean of Student Affairs - tba or Academic Advisor Kristina Peckmann, MS peckmann@uic.edu or Daniel McCloud, Ph.D dmcccloud@uic.edu)
_____	_____	Financial Aid impact (www.medicine.uic.edu/finaid - 312-413-0127)
_____	_____	Registration (Loni Wenzel loniw@uic.edu 309-671-5409)
_____	_____	Delay in Class (4-year and 7-year rule)

Leave of absence policies can be found in the Student Academic Policies document. This information is posted online in the Student Educational Policies section of the UICOM website:

<http://medicine.uic.edu/wp-content/uploads/2017/10/APPS-as-approved-by-COMExec-June-14-2017-005.pdf>

_____ Option for re-entry/Continuing student status (refer to LOA policy noted above)

Career Plan:	
Study Plan:	

I have reviewed and understand the implications related to taking a leave of absence. (print and sign or use official electronic signature)

Student Signature

Date

Academic and Student Affairs Signature

Date