

LEAVE OF ABSENCE REQUEST
UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA

Date:

To: Associate Dean for Academic Affairs

From: _____ (print student name)

I request a leave of absence from _____ until _____
(start date) (end date)

For the following reason (check one):

- Academic Remediation
- Financial
- Medical
- Participation in Joint Degree Program
- Career Reconsideration
- Research/Educational

√ I acknowledge that I have reviewed the University of Illinois College of Medicine Student Academic Policies regarding leaves of absence, time limits for completion of degree requirements, and Professional Standards for medical students.

√ I have received advising about these policies and completed the UICOMP LOA Encounter Form.

√ I have conferred with the UICOMP Office of Student Financial Aid *and* the UICOMP Registrar and have been informed about how my registration and financial aid will be adjusted due to the leave of absence. I understand that it is my responsibility to ensure that my registration and financial aid are adjusted as needed.

√ During the duration of my leave of absence I agree to be in contact with a designated UICOMP advisor at least once per month and to keep UICOMP updated on my contact information. I understand that failure to comply with the agreed-upon plan for my leave of absence may render me eligible for dismissal, per the Student Academic Policies and Professional Standards.

√ I understand that I must contact the UICOMP Office of Academic Affairs four weeks prior to my anticipated return. I further understand that requests for changes in the leave of absence dates specified above must be submitted in writing to UICOMP Academic Affairs in advance of the of the proposed changes.

√ To this form I have attached required documentation and/or explanation in support of my request.

Student Signature

Date

Leave of Absence

Student Name _____ Class of _____ Date _____

- Reason for leave: Academic Remediation
- Financial
- Medical
- Participation in Joint Degree Program
- Personal
- Reconsideration of Career Choice
- Research/Educational

- Supporting Documentation if required

Discuss the following items:

Initials Date

____ Student Status, Policies, Career Implications – Linda Rowe, EdD (lpr@uic.edu) (309) 671-8410

____ Financial Aid Impact – www.medicine.uic.edu/finaid 312-413-0127

____ Registration – Sandy McGee (sandym@uic.edu) (309) 671-8409

____ Delay in Class/4- and 7-Year Rule

Leave of Absence Policies can be found in Section X, pages 14-15, Student Academic Promotions Policies
This information is posted online, in the Student Policies section of the Academic Affairs pages.

____ 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.

Student Signature

Academic and Student Affairs