

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

Date: _____

To: Associate Dean for Academic Affairs

From: _____
(student name)

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

For the following reason (check one):

- Academic Study (attach objectives and 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)

Initials:

_____ 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 UICOM 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.

Print and sign or use official electronic signature:

Student Signature

Date