Request for a Leave of Absence  
University of Illinois College of Medicine Peoria

To be completed by student:
Student Name:

Class of:

Date:

Type of leave requested (check only one)
All leaves requires a written request with a brief explanation. Some require additional documents, noted below:

- Academic Study – detailed study plan
- Career Reconsideration
- Financial
- Medical – documentation from a licensed provider
- Personal
- Participation in a Joint Degree Program – acceptance letter or other documentation
- Research/Educational – description and documentation of activity

To be completed during a meeting with advisors, registrar, and/or dean:

Initials

Promotions committee processes
Local Committee date:
College Committee date:
Student notification via PEAR approximately:

Length of leave, anticipated plan for re-entry or re-evaluation
Notes:

Change in class to:
Anticipated graduation date:
4-year rule:
7-year rule:
AOA and Graduation with Honors timing:

MSPE documentation, career implications
Notes:

Financial Aid/Loan repayment or deferment options
Date to contact advisor:

Date to contact lenders
I have reviewed and understand the implications related to taking a leave of absence. I also understand that should there be additional changes in circumstance, grades, test scores, or additional time added to my leave of absence, this information will need re-evaluation.

Student signature  
Date

Academic/Student Affairs signature  
Date