

**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 or designee. If you are unclear who to speak with, please see registrar.
_____	_____	Financial Aid impact ( <a href="http://www.medicine.uic.edu/finaid">www.medicine.uic.edu/finaid</a> - 312-413-0127)
_____	_____	Registration (Loni Wenzel <a href="mailto:loniw@uic.edu">loniw@uic.edu</a> 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)

<b>Career Plan:</b>	
<b>Study Plan:</b>	

***I have reviewed and understand the implications related to taking a leave of absence (print and sign):***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic and Student Affairs Signature

\_\_\_\_\_  
Date