

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

_____ Health Insurance Plans
Notes:

_____ USMLE exams timing (Step 1, Step 2 CK and CS, as relevant)
Notes:

_____ Registration in Phase 1
I understand the ramifications of taking a leave of absence when required courses are only offered once a year.
Notes:

_____ Registration/Phase 2 or 3 planning
I understand that my schedule in Phase 2/3 cannot be guaranteed when I take a leave but that the Registrar will work with me individually to create a schedule prior to/just after my return.
Date to contact Registrar:
Notes:

_____ Ongoing contact with academic advisor and/or dean. Intervals of _____ weeks. I understand that failure to contact my advisor within that window and/or respond to communications is a professionalism issue that can result in a professionalism form.
Notes:

_____ Other concerns, additional support needed
Notes:

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