

REQUEST FOR ACADEMIC LEAVE OF ABSENCE

1) Policy: Students are responsible for reading and understanding the Graduate College Academic Leave of Absence Policy at www.grad.illinois.edu/gradhandbook/chapterII/section02#LeaveofAbsence. By completing this form, the student asserts that they have read the Academic Leave of Absence Policy.

2) To be Completed by the Student:

Date: _____

Last Name: _____ First Name: _____

UIN: _____ Phone: _____ Non-University Email: _____

Mailing Address: _____
(while on leave) _____

Department/Program: _____ Degree Sought: _____

Requested Term(s) of Leave: _____ (maximum is two terms, not including summers).

Indicate the terms (fall and/or spring) and year of any previous approved Leaves: _____

_____ By initialing here, I understand that approval of this leave also has the effect of making me ineligible to hold an assistantship appointment or other student employment, or to receive fellowships paid through the university, that I may have. I am responsible for notifying my employers that I will not be enrolled.

_____ By initialing here, I acknowledge that I have investigated and understand the conditions of educational loans that may go into repayment status during leave.

NOTE: Students are responsible for informing other offices or agencies of their non-student status. Other offices that a student may want to consult about the effects of non-student status are:

- Office of Student Financial Aid
- Loan Servicers (<http://www.nslsds.ed.gov>)
- Student Insurance/Insurance Providers
- Graduate College Fellowship Office
- Assistantship Appointing Unit

3) Residency Status:

- I am a domestic student or a Permanent Resident (skip to #5)
- I am an international student* (continue with step #4 below)

4) International Students Must Report Leave to International Student & Scholar Services (ISSS):

Signature of ISSS Representative Printed Name Date

*Because of student visa requirements, all International students must complete and receive approval of a Graduate College Application for Re-entry upon their return. The approved Request for Academic Leave of Absence form should be attached to the Application for Re-entry to document the approved terms for the return to enrolled student status.

5) For All Students to be Completed by the Program in Consultation with the Student:

A.) Select the type of leave being requested:

- Personal Academic Leave of Absence (for personal reasons, no academic progress will be made)

OR

- Academic Progress Leave of Absence (for making academic progress while not enrolled)

B.) The program must indicate that each of the following has been completed and placed into the student's file or is not applicable.

- _____ Checked for previously approved Leaves of Absence and compliance with the Graduate College Leave of Absence policy
- _____ Documented review of academic progress, including requirements completed
- _____ Review of remaining requirements for degree completion upon return
- _____ Documented the potential financial support that may be available to the student upon return to the degree program, including current department policies on financial support that exist at the time the leave is approved
- _____ Current Expected Graduation Date (EGD) (in Banner) _____
- _____ If Expected Graduation Date (EGD) will expire before the student's return, then a petition for extension of time to degree should be submitted at the time the leave is approved. (A copy of this form should be attached to the petition to document the approved terms of leave.)
- _____ **For Academic Progress Leaves of Absence only**, document what is expected to be accomplished before return from the leave.
- _____ If applicable, document any other terms/conditions for return and include in the student's academic file

C.) Applied departmental advising hold (no more than 1 year): YES / NO If yes, until what date? _____

D.) Term(s) and year(s) of Approved Leave: _____

E.) Student has cancelled their registration for the term of the Leave **before** it begins.

Approval that all the steps A-E have been completed and all parties agree to the above.

Student's Signature:	Printed Name	Date
Adviser's Signature	Printed Name	Date
Director of Graduate Study Signature:	Printed Name	Date

6) Copies Distributed:

- _____ Original filed in student's academic departmental file
- _____ Copy to student
- _____ Copy to Graduate Student Academic Services for inclusion in the student's academic record in the college. GSAS, 204 Coble Hall, 801 S. Wright Street, Champaign, 61820, MC-322