OFFICE OF THE DEAN OF STUDENTS



1126 E. 59TH STREET CHICAGO, IL 60637

LEAVE OF ABSENCE FORM

Leave of Absence may be approved for <u>up to one year maximum</u>

TO THE STUDENT: Complete as appropriate, sign, and submit to your department.

Name:	UCID:	Department:
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Reason(s): Please be explicit. Use the back of this page, if necessary. (Appropriate documentation of your readiness to resume your studies - if requesting a LOA - may be required prior to your return to the University.)

Effective date:	Quarter of return (if requesting LOA):
Address while on leave, or permanent address:	
Telephone:	Email:
Have you taken any loans through the Universit	ity while a student here? Yes No
leaving the University. Federal regulations require that you	tration or call (773) 702-6061 to arrange for an <u>Exit Counseling</u> meeting before interview with a loan officer who will be responsible for providing you with the appear for an exit interview may result in a restriction and possible problems with
Student signature:	Date:
<u>TO THE DEPARTMENT:</u> Please complete th	is section and return to the Office of the Dean of Students.
May return at any time during the approved leave	
May return only under the following conditions:	
Department signature:	Date:

Dean of Students Office Approval:_____

Date: