**LEAVE OF ABSENCE REQUEST**

LOYOLA UNIVERSITY CHICAGO THE SCHOOL OF SOCIAL WORK

**NOTE: See relevant policy for Leave of Absence in** [**Student Handbook**](https://www.luc.edu/socialwork/student-support/forms/)**.**

**Instructions:** After meeting with your advisor, fill out the top portion of this form AND include a short explanation in the section below stating the reason(s) you are requesting a leave of absence.

Return the form **directly to the Program Director** [**here.**](https://www.luc.edu/socialwork/student-support/forms/)

**Important note for international students:** You must **also** receive authorization from the Office of International Programs; you can reach this office at (773) 508-3899 or intlcntr@luc.edu

# Student Request for Leave of Absence

Name (Last, First, Middle)       LUC ID #

Address

 Phone #

 E-mail       @luc.edu Program Year  Specialization

Date Entered Program       Is this request for a renewal of a current leave of absence? Yes [ ]  No [ ]

Period of Leave of Absence FROM:       TO:      (Note: Limit of 1 academic year)

 Short Explanation for request:

 **Student Signature** **Date:**

 **(Please type name to indicate signature)**

**Advisor Approval Signature**:       Date:

1. **Recommendation of Program Director**

[ ]  I recommend to The School of Social Work that the above request for leave of absence be granted.

[ ]  I recommend to The School of Social Work that the above request for leave of absence not be granted.

 **Program Director Initials**  **Date**

*The request is finalized when the form is completed, submitted, and the student receives a confirmation email from the Program Director.*