

LEAVE OF ABSENCE REQUEST

POLICY: A student who experiences an unforeseeable and unexpected circumstance that necessitates a break in enrollment may consider a leave of absence (LOA). A LOA may be granted only between terms/semesters or before the Add/Drop deadline of the term/semester. The duration of a LOA may not exceed 180 calendar days in any 12-month period. For this reason, students are limited to taking two online terms/one on-ground semester of LOA in any 12-month period. Refer to the Academic Catalog for detailed information.

A student must return from LOA on the expected date of return or they will be administrative withdrawn from the institution. A LOA may delay the graduation date. A student is responsible for adjustments made to the student account balance or financial aid eligibility as a result of LOA. Contact Financial Aid and Student Accounts regarding financial implications.

INSTRUCTIONS: Complete and sign this form, obtain the department chair's signature, and submit the form to the Student Support Counselor via email or fax:
EMAIL: studentsupport@thechicagoschool.edu | **PHONE:** 800.595.6938 (Opt. 1) | **FAX:** 312.254.1442

STUDENT NAME: _____ **STUDENT ID:** _____

SCHOOL E-MAIL: _____ **PHONE:** _____ **CELL PHONE:** _____

OTHER E-MAIL: _____ **DEGREE LEVEL:** _____ **LOCATION:** _____

TERM/SEMESTER & YEAR: _____ **PROGRAM:** _____

CHECK ALL THAT APPLY: I am: an International Student. *Contact your DSO immediately for future immigration procedures.*
 an Active Military/Veteran a Student Employee (FWS) at The Chicago School

I have consulted with Financial Aid and Student Accounts regarding financial implications: Yes No

BEGIN LOA: TERM/SEMESTER: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20____ ONLINE: <input type="checkbox"/> Term I <input type="checkbox"/> Term II	RETURN FROM LOA (On-Ground – 1 semester; Online – 1 or 2 terms): TERM/SEMESTER: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20____ ONLINE: <input type="checkbox"/> Term I <input type="checkbox"/> Term II
REASON FOR LEAVE: <input type="checkbox"/> Health/Medical, (specify) <input type="checkbox"/> Personal/Family, (specify) <input type="checkbox"/> Financial, (specify) <input type="checkbox"/> Called into Active Duty (supporting documentation is required) <input type="checkbox"/> Other: (specify): Taken a Previous LOA? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, list term/semester and year:	

READ AND SIGN:
 "I understand that this form is my request for a LOA. If approved for LOA, I agree to return to school on my expected date of return. If I do not return to school on the expected date, I understand that I will be administratively withdrawn and my student loan grace period/repayment status may be negatively impacted. I agree to check my TCSP email while on LOA for registration information and student account updates."

STUDENT SIGNATURE: _____ **DATE:** _____

REVIEW BY DEPARTMENT CHAIR: Does the student have disciplinary action pending? Yes No

DEPARTMENT CHAIR SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY					
OFFICE OF THE REGISTRAR: Academic and Financial Aid Good Standing: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the student on Hold ARPP-PRI? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature: _____				Date: _____	
FINANCIAL AID: Counseling Complete <input type="checkbox"/> Yes <input type="checkbox"/> No COMMENT: _____					
Signature: _____				Date: _____	
STUDENT ACCOUNTS : BALANCE DUE: <input type="checkbox"/> No <input type="checkbox"/> Yes AMOUNT: _____					
Signature: _____				Date: _____	
FOR USE BY THE OFFICE OF THE REGISTRAR					
Date of Determination: LDA: _____	NSLDS WDRWL: _____	Rev. Grad Date: _____	LOA Start Date: _____	LOA Return Date: _____	Course(s) Unregistered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Week: _____	Processed By: _____	Notifications: <input type="checkbox"/> IT <input type="checkbox"/> Facilities <input type="checkbox"/> IPS <input type="checkbox"/> Library <input type="checkbox"/> OPT <input type="checkbox"/> HR Department (If TCSP Student Employee (FWS))			
Refund %: _____					