TheChicagoSchool
of Professional Psychology

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A student must return from LOA on the expected date of return or they will be administrative withdrawn from the institution.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 department at studentsupport@thechicagoschool.edu.

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

TCSPP E-MAIL: _____   **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 TCSPP Student Employee (FWS)

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

BEGIN LOA:	RETURN FROM LOA (On-Ground – 1 semester; Online – 1 or 2 terms):
TERM/SEMESTER: ☐ Fall ☐ Spring ☐ Summer Year: 20____	TERM/SEMESTER: ☐ Fall ☐ Spring ☐ Summer Year: 20____
ONLINE: ☐ Term I ☐ Term II	ONLINE: ☐ Term I ☐ Term II

REASON FOR LEAVE:

☐ Health/Medical, (specify) _____

☐ Personal/Family, (specify) _____

☐ Financial, (specify) _____

☐ Called into Active Duty (supporting documentation is required) _____

☐ Other: (specify): _____

Taken a Previous LOA? ☐ No ☐ 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 If I do not return to school on the expected date, I understand that I will be administratively withdrawn and my student loan grace period/repayment status may be negatively impacted.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 The Chicago School 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:** _____