



**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 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.**

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<b>Student's Signature:</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Adviser's Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Director of Graduate Study Signature:</b>	<b>Printed Name</b>	<b>Date</b>
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Submit completed form online at [go.grad.illinois.edu/Form-Drop-Off](http://go.grad.illinois.edu/Form-Drop-Off)

Original filed in student's academic departmental file

Copy to student

507 East Green Street, Suite 101 Champaign, IL 61820 MC-434 217-333-0035 [grad@illinois.edu](mailto:grad@illinois.edu)