

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

DEPARTMENT OF CHEMISTRY, MC 712
600 S. MATHEWS AVENUE
URBANA, ILLINOIS 61801

Leave of Absence (LOA) Request Form *(attach additional pages as needed)*

Student name: _____

Reason for LOA: _____

Expected return date *(must be start of FA, SP, or SU semester):* _____

Will the student return to current advisor after LOA? Yes No

If Yes, obtain financial support info & signature from current advisor

Duration & source of financial support upon return from LOA:

Advisor signature & date: _____

If No, provide plan to find a new advisor: _____

If No, provide duration & source of financial support upon return:

(A TA position while finding a new advisor is unlikely for a student after Year 2.)

I agree to the terms of this LOA:

Advisor signature & date: _____

Student signature & date: _____

Department Head signature & date: _____