

## Request for Leave of Absence

*Please complete this form if you are planning to be away from Arrupe College for one fall, spring, or summer term in the future. If you are seeking a leave of absence within a term, please refer to the Request for Total Withdrawal form.*

**Full Name:** \_\_\_\_\_ **LID:** 0000

**LUC Email:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Term and year of your intended leave:**

**Fall**      **Spring**      **Summer**      **Year:** \_\_\_\_\_

**Have you discussed your intended leave with your advisor?**      **Yes**      **No**

**Have you discussed your intended leave with your financial aid counselor?**

**Yes**      **No**

**Do you understand that your leave of absence can potentially impact your timeline for graduation and eligibility for financial aid?**

**Please state the term (fall, spring, or summer) and year that you plan on returning:**

\_\_\_\_\_

When planning for your return, do you understand that you should reach out to your advisor no later than:

- October 31, to return for the spring term
- January 31, to return for the summer term
- May 31, to return for the fall term

Do you understand that will need to apply for re-admission to Arrupe College if you:

- Take more than one fall, spring, or summer term away
- Enroll in classes at another institution during your time away

**By checking this box, I verify that I understand the responsibilities I need to undertake to return or reapply to Arrupe College**