



Leave of Absence Form

Resurrection University
Office of the Registrar
1431 N. Claremont Ave
Chicago, IL 60622

A leave of absence (LOA) option is available for students currently enrolled in the program who are in good academic standing. This option is used when a student needs to halt their academic progress for one or two terms. Students may then be eligible to resume their program.

Students may be placed on LOA during a semester in which they are currently enrolled. Courses in progress are awarded W grades and must be completed upon returning to school. The LOA period may not exceed 180 days, or one full semester. Students should provide notice to the Office of the Registrar 60 days prior to their return. Students who do not return from LOA within 180 days will be withdrawn from the University. Please consult the Academic Catalog for additional details relating to this policy.

SECTION 1: Student Information

Name: _____ Student ID# or Last 4 Digits of SSN: _____
Phone Number: _____ Date of Birth: _____
Program: _____ Year: _____ Fall Spring Summer Term: _____
Email (other than RESU): _____ V.A. Student: Yes No

SECTION 2: LOA Information

I am requesting a leave of absence beginning (check one): Fall Spring Summer Year: _____ Term: _____

I will return (check one): Fall Spring Summer Year: _____ Term: _____

Reason(s) for Institutional Withdrawal:

Academic Military Obligation Financial Transportation Medical Personal Work Related

SECTION 3: Required Signatures

Advisor's Signature: _____ Date: _____

Dean/Director Signature: _____ Date: _____

SECTION 4: Student Statement and Signature

I acknowledge that the above information is accurate and understand that any course(s) dropped after the add/drop period will be listed with a withdrawal grade on my transcript. I understand this leave of absence may affect my degree progress, financial aid, scholarships, veteran's benefits (*Current financial aid and/or veteran's benefits, as well as future financial aid eligibility, may be adversely affected by the LOA. You may be required to return funds already received. If you have questions, please refer to the Academic Progress Policy or make an appointment to see the Financial Aid Department*), or other areas, such as health documents and confirm that I have researched these issues before taking this action.

Student Signature: _____ Date: _____

Registrar Office Use Only:

Processed by: _____ Date Processed: _____ Enroll Status Prior to LOA: _____

Courses Dropped (if any): _____