



**Office note:**

Please provide a copy of the signed document to John Buethe at [jbuethe@luc.edu](mailto:jbuethe@luc.edu)

## Leave of Absence Request Form

*Due the first day of the registration month*

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Local Phone: \_\_\_\_\_ LUC E-mail: \_\_\_\_\_

Credit Hours to Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

<p>■ <b>Do you have an Office of the Bursar (OTB) hold?</b>  <i>*Students must resolve all holds before registering upon their return.</i></p>		<p>Check one:  <input type="checkbox"/> Yes  <input type="checkbox"/> No          Balance: _____</p>
Your Signature: _____		Date: _____

■ **Leave of Absence Starting:** *Circle one:* FALL or SPRING or SUMMER Year: \_\_\_\_\_

■ **Semester/Session of Return:** *Circle one:* FALL or SPRING or SUMMER Year: \_\_\_\_\_

*\*Typically, Arrupe students may request one semester or session for a Leave of Absence.*

■ **List courses you are planning to register for during the term you wish to return:**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

■ **Reason for request:** *If applicable, please attach supporting documentation.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*Dr. Jennifer Boyle, Associate Dean of Academic Affairs*