



# INSTITUTE *of* PASTORAL STUDIES

## LEAVE OF ABSENCE

Name: \_\_\_\_\_ LUC ID#: \_\_\_\_\_

Program: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Date Entered Program: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Instructions and Procedures

Fill out Section 1 including a statement explaining the reason(s) you are requesting a leave of absence and submit to your Academic Advisor for approval. If your academic advisor approves this document, they will sign and ask you to submit to the Coordinator of Student Services for processing.

**Important note for International Students:** You must also receive authorization from the Office for International Programs; you can reach this office at (773) 508-3899 or [intlcntr@luc.edu](mailto:intlcntr@luc.edu).

The IPS complete policies and procedures are listed in their entirety on our website ([www.luc.edu/ips](http://www.luc.edu/ips)) under the Academic Policies page. The following is a partial listing of policies relevant to Continuous Registration and Reinstatement for those wishing to take a Leave of Absence:

- **Continuous Registration:** All students, including those who have completed all coursework, are required to maintain continuous registration during the regular academic year (not including summer sessions) until all degree requirements are met. Continuous registration means registration during both fall and spring semesters of the academic year (unless the student receives a leave of absence). Students unable to take courses during a fall or spring semester must request a leave of absence. Leaves of absence are limited to a period of one full academic year. If a student is not prepared to return to active status after one year, the student may request a renewal of the leave of absence for a period of up to one year; in such cases, the academic advisor and the IPS Director will review the student's record and future plans to determine whether an additional leave is in the best interests of the student and the IPS program. Students who do not meet the requirement of continuous registration and are not on leave of absence are considered not in good academic standing.
- **Inactive Status:** Unless the student is granted a renewal of a leave of absence, the student must return to active status in the semester following the expiration of a leave of absence; failure to do so may result in dismissal from the program. If a student does not return from a leave of absence after two consecutive years, s/he must reapply to the program. To request reinstatement from a leave of absence and to return to active status, the inactive student should discuss the matter with the academic advisor and send the IPS Director a written request for reinstatement, which must include the following information: (1) the academic semester/term for which the student is requesting reinstatement; (2) information as to why the student discontinued her/his studies and information on the nature of any academic or professional work undertaken since the discontinuation of her/his studies; and (3) a proposed time line for completion of outstanding degree requirements.
- Note – All students are expected to check their @luc.edu email address in a timely fashion while on leave of absence as to not miss any important deadlines such as course registrations or important IPS related news and updates. All official communications from IPS faculty and staff will continue to be sent to students' LUC email addresses.

### Section 1

#### Leave of Absence

Is this a request for a renewal of a current leave of absence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Period of Leave of Absence: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ (limit of 1 academic year)  
MM/DD/YY MM/DD/YY

**Reason for Leave of Absence**

Attach to this form an account explaining the reason(s) you are requesting a leave of absence. Please include a timetable for finishing degree requirements when you return.

**Blank Space will be used to up to make a text box in Adobe for statement:**

**Section 2**

**Recommendation of Academic Advisor:**

\_\_\_\_ I recommend that the above request for a leave of absence be granted.

\_\_\_\_ I recommend that the above request for a leave of absence not be granted.

\_\_\_\_\_

Academic Advisor Printed Name	Academic Advisor Signature	Date
-------------------------------	----------------------------	------

---

**Return to the Institute of Pastoral Studies**

**The IPS approves reinstatement to the above student.**

IPS Dean: \_\_\_\_\_ Date: \_\_\_\_\_