

Leave of Absence Request Form

Return form to Student Wellness (Student Services Building 218 or student.wellness@wheaton.edu)

Date: _____ Class: ____FR ____SO ____JR ____SR ____Grad

Name: _____ Student ID#: _____
(first) (last)

International Student: _____Yes _____No (If yes, visa type: _____)

Last Date in Class: _____ Date moved out of campus housing (Including belongings): _____

Current school address: _____

Address during LOA: _____

Expected semester of return: _____ Phone # during LOA: _____

Email during LOA: _____

Required letter of recommendation from a medical or mental health treatment provider is attached?

_____Yes _____No If No, what is the date we can expect to receive it? _____
(please fax to 630-752-7226 or email to student.wellness@wheaton.edu)

Please indicate your academic standing/decisions:

- Completed A-quad classes (list: _____)
- Withdrawing from classes (list: _____)
- Requesting incompletes (list: _____)

Have you consulted with your Financial Aid Advisor about how taking an LOA impacts your tuition/financial aid?

(We strongly recommend that you do!) _____Yes _____No

Do you currently (or anticipate upon your return) serve in a leadership position on campus? _____Yes _____No

Are you planning to participate in a study abroad or domestic travel program in the future? _____Yes _____No

Please keep the following Reinstatement deadlines in mind when considering your return to campus:

- *Fall semester return – August 1st for non-priority class registration*
- *Spring semester return –December 1st for non-priority class registration*
- *Summer semester return – April 1st for non-priority class registration*

Student's signature

Date

In signing this document, I acknowledge that I have read the Leave of Absence Policy and understand the terms and conditions set forth therein.

Form filed by (if other than student requesting LOA)

Date