



ARRUPE COLLEGE

Request for Leave of Absence

Please complete this form if you are planning to be away from Arrupe College for one full fall, spring, or summer term.

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? Yes No

Please Note:

You 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

When planning for your return, 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

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

For Office Use Only:

CGPA: _____ **Credit Hours to Date:** _____ **Today's Date:** _____

Once completed, please email a copy to Arrupe's Office of Academic Affairs at oa@luc.edu.