



WSC Phone: 708/763-6530

WSC Fax: 708/763-1531

Request for Leave of Absence Form
West Suburban College
***-required field**

_____/_____/_____
*Student Name (please print) *Date Requested

_____-_____-_____
*Social Security Number *Program (BSN, MSN, HIIM)

_____/_____/_____ of the _____ semester, 20____ ____/____/_____ of the _____ semester, 20____
*Last Date of Attendance *Date of Return

*Reason for request of Leave:

(Please continue on the back of the form, if more space is required.)

*Instructor Signature *Bursar's Signature

*Instructor Signature *Library Signature

*Instructor Signature * Student Advisor's Signature

* Instructor Signature * Dean or Director's Signature

A leave of absence (LOA) option is available for students currently enrolled in the program and in good standing who wish to halt their academic progress for one or more semesters, but not to exceed 180 days, and then resume their program. To be considered for LOA, the student must get the approval of their academic advisor, the Dean/Director and the Registrar. Students must be in good standing with the Instructional Technology Department, Bursar and Library. Students wishing to be placed on LOA during a semester in which they are currently enrolled may do so only through the thirteenth week of the semester. After the thirteenth week, a student must apply for withdrawal from the program. Courses in progress are awarded incomplete grades and must be complete upon returning to school. The LOA period may not exceed 180 days, or one full semester.

I have read and understand all policies in the West Suburban College catalog regarding leave of absence (LOA). I understand that I may only be approved for a LOA if in good academic standing, and within the first 13 weeks of the semester. I also understand at the end of my taking a LOA, I must complete any unfinished course work. My decision to take a LOA may impact my financial aid, degree progression, health insurance or have other consequences.

_____/_____/_____
*Student Signature *Date

Registrar's Office Only

_____/_____/_____
Registrar's Signature Date

Copy to: Dean
Student Advisor
Student