

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
LEAVE OF ABSENCE REQUEST

Please complete the following request for a leave of absence:

Student Name _____ Student Signature _____

Student 800# _____ Full-time ___ Part-time ___

BSW ___ MSW Foundation Level ___ MSW Advanced Level ___

Mentor Notified: Yes ___ No ___ Mentor Name _____

If BSW, Advisor Notified: Yes ___ No ___ Advisor Name _____

1. Briefly discuss your reason for requesting a leave of absence at this time.

2. Briefly discuss how you plan to continue your studies. Please include how you will address any issues that have led to your request for a leave and what you will do to ensure that you will position yourself to successfully complete your studies.

NOTE: A leave of absence can only be granted once for a period of up to a year. Once completed, the request form should be e-mailed to the BSW or MSW Program Director. The Program Director will petition the Program Committee to approve or deny the leave. The Program Director will inform the student of the decision of the Committee within 2 weeks of receiving the request.

To Be Completed by the Program Director

BSW/MSW Committee Decision: Approve _____ Deny _____ Date _____

BSW/MSW Program Director Signature _____ Date _____

Chair Signature _____ Date _____

Date Leave is Effective _____ Anticipated Date of Return _____