**Submit materials to:** 

**Graduate Division** 120 Aldrich Hall Zot Code 3180 Grad@uci.edu (949) 824-4611



# ACADEMIC LEAVE OF ABSENCE (LOA) FOR GRADUATE STUDENTS

## **STUDENT**

Continued on next page

Complete this section on p.1 first, then forward this petition to your home departmental office. Once approved by your home department, submit this original form to the Graduate Division. The academic LOA may be requested for up to one year (3 quarters).

NOTE: The deadline to submit this form is Friday of the third week of classes. If you have already paid registration fees, reimbursement will follow the Registrar's Office Schedule of Refunds (http://www.reg.uci.edu/registrar/soc/cw.html), but the UC SHIP premium is refundable only if this request is approved before the first day of the quarter. Per Graduate Council Policy, students may not receive any type of fellowship support or UCI employment while on LOA status. You will be notified via email when approved.

INTERNATIONAL STUDENTS: Due to specific visa requirements, international students are required to have the International Center complete the "International Center" section on the second page of this form prior to submitting this form for final approval in the Graduate Division.

| Student Name:                                                                                                                                                                                                                                                                                                                                                                        | Student ID Number:                                                                                                                                                                                          |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Last First                                                                                                                                                                                                                                                                                                                                                                           | Middle                                                                                                                                                                                                      |  |  |  |  |  |
| Student Phone: ( ) Student B                                                                                                                                                                                                                                                                                                                                                         | hone: ( ) Student E-mail Address:                                                                                                                                                                           |  |  |  |  |  |
| Home Department/Program:                                                                                                                                                                                                                                                                                                                                                             | School:                                                                                                                                                                                                     |  |  |  |  |  |
| TOTAL NUMBER OF QUARTERS ON LEAVE OF ABSENCE PREVIOUSLY APPROVED AND TAKEN:                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |  |  |  |  |  |
| I AM REQUESTING: AN ACADEMIC LOA                                                                                                                                                                                                                                                                                                                                                     | ☐ AN EXTENSION OF A PREVIOUS LOA                                                                                                                                                                            |  |  |  |  |  |
| I wish to begin my leave of absence:                                                                                                                                                                                                                                                                                                                                                 | Winter Spring                                                                                                                                                                                               |  |  |  |  |  |
| My final quarter on leave of absence will be:                                                                                                                                                                                                                                                                                                                                        | Winter Spring Year Year Year                                                                                                                                                                                |  |  |  |  |  |
| TOTAL NUMBER OF QUARTERS LEAVE OF ABSENCE CURRENTLY REQUESTING:                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |  |  |  |  |  |
| Primary reason for request:  Health  Family  Employment  Financial                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |  |  |  |  |  |
| Other (explain):                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |  |  |  |  |  |
| For the quarter(s) that I am requesting a leave of absence, I have (check one):                                                                                                                                                                                                                                                                                                      | For the quarter(s) that I am requesting a leave of absence, I am/will be (check one):                                                                                                                       |  |  |  |  |  |
| Registered (please submit a Withdrawal Form, available from the Registrar's Office or Graduate Division)                                                                                                                                                                                                                                                                             | ☐ Receiving funding support or employed at UCI☐ Not receiving funding support or employed at UCI                                                                                                            |  |  |  |  |  |
| ☐ Not Registered                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |  |  |  |  |  |
| For students who are requesting to CANCEL a previously approved least I wish to cancel my leave of absence* and resume registrates * REQUIRED: Department and/or International Center signatures.                                                                                                                                                                                    | ation starting:  Fall  Winter  Spring                                                                                                                                                                       |  |  |  |  |  |
| Signing this form indicates that I have read and understand all four page I may not receive a fellowship, take courses or examinations, earn acar or similar academic employment, or make use of University resources SHIP participation, I must contact those offices to make my own arrang fees paid with Graduate Aid, in the quarter on which I will go on LOA st I was awarded. | demic credit, file a thesis or dissertation, hold a UC appointmen<br>and facilities. If I wish to maintain campus housing and/or my UC<br>pements. If I have already received a graduate stipend and/or had |  |  |  |  |  |
| STUDENT SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |  |  |  |  |  |
| Continued on next page                                                                                                                                                                                                                                                                                                                                                               | Dept. Chair/Graduate Advisor Initials:                                                                                                                                                                      |  |  |  |  |  |

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| Leave of Absence Re                   | quest for                               | Student Last Name                                                                       | ,                        | First Name                                                   | -               |
|---------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|-----------------|
| DEPARTMENT                            | Please comple                           | te and return th                                                                        | e form to the            | e student requesting ap                                      | proval          |
|                                       |                                         |                                                                                         |                          |                                                              |                 |
| ☐ APPROVED ☐ NOT APPROVED             | Department Cha<br>(NOTE: Please initial | Department Chair/Graduate Advisor (NOTE: Please initial box on p.1, lower right corner) |                          |                                                              |                 |
|                                       | Associate Dean                          |                                                                                         |                          | D                                                            | )ate            |
|                                       | (Required for: Biolo                    | gical Sciences, Engine                                                                  | ering, Humanities        | , Medicine, Social Ecology, Socia                            | Science, & ICS) |
| INTERNATIONAL                         | CENTER                                  | UCI's Internation                                                                       | nal Center ther          | r policy on p. 4, please obtai<br>n forward form to Graduate |                 |
| APPROVED                              |                                         | Aldrich Hall, Zot                                                                       | Code 3180                |                                                              |                 |
| NOT APPROVED                          |                                         |                                                                                         |                          |                                                              |                 |
| ☐ CANNOT APPROV                       | E OR DENY                               | International Stude                                                                     | ent Advisor              |                                                              | Date            |
|                                       |                                         |                                                                                         |                          |                                                              | _               |
| GRADUATE DIVIS                        | SION                                    |                                                                                         |                          |                                                              |                 |
| APPROVED                              |                                         |                                                                                         |                          |                                                              |                 |
| ☐ NOT APPROVED                        | Dean of                                 | the Graduate Divis                                                                      | sion (or design          | ate)                                                         | Date            |
|                                       |                                         |                                                                                         |                          |                                                              |                 |
|                                       |                                         |                                                                                         |                          |                                                              |                 |
| FRONT DESK                            |                                         |                                                                                         |                          |                                                              |                 |
| ☐ FEES NOT PAID                       |                                         |                                                                                         |                          |                                                              |                 |
| ☐ FEES PAID (Make                     | sure student has o                      | completed C/W for                                                                       | m)                       |                                                              |                 |
| ROUTING NECESSAF                      | RY: 🗌 No                                | Yes                                                                                     |                          |                                                              |                 |
| If "Yes,"<br>Employmer<br>Fellowship/ | nt Issues Reviewe<br>Financial Issues R | d(i                                                                                     | nitials)<br>(initials) _ | Date<br>Date                                                 |                 |
| Administrative Notes                  | :                                       |                                                                                         |                          |                                                              |                 |
|                                       |                                         |                                                                                         |                          |                                                              |                 |
|                                       |                                         |                                                                                         |                          |                                                              |                 |
|                                       |                                         |                                                                                         |                          |                                                              |                 |

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# GENERAL INSTRUCTIONS FOR ACADEMIC LEAVE OF ABSENCE (LOA)

**NOTE:** Much of the text below is adapted from UCI's *Graduate Policies & Procedures Handbook https://www.grad.uci.edu/forms/academics/Graduate-Policies-and-Procedures.pdf* 

## Purpose of this Form:

An academic leave of absence (LOA) is intended to cover the temporary interruption of the student's academic program. The reason(s) for requesting a LOA *must* be consistent with University policy and guidelines (see below), and with the guidelines of the student's academic program.

### **Guidelines to Establish Eligibility:**

A leave may be granted when a student plans to be away from the University of California for any of the following reasons:

- (a) Serious illness or other temporary disability.
- (b) Concentration on an occupation not directly related to the student's academic program.
- (c) Responsibilities related to family obligations.
- (d) Temporary interruption of the student's academic program for other appropriate reasons.

## Limitations:

LOA does not apply to the student who will be absent from the campus and outside California while continuing to pursue graduate research or scholarly activity. Students engaged in such activity outside California must register *in-absentia* (the "in-absentia" registration form can be downloaded at: <a href="https://www.grad.uci.edu/forms/current-student/In\_Absentia\_Reg.docx">https://www.grad.uci.edu/forms/current-student/In\_Absentia\_Reg.docx</a>

The student who must leave the academic program for more than three quarters should withdraw from UCI and apply for readmission at the time he/she expects to resume graduate study at UCI. In addition, and in accordance with established policy, the following principles apply:

Leaves of absence cannot be granted: 1) for a quarter(s) prior to the current quarter; 2) if a student has not completed at least one complete quarter of academic work at UCI; or 3) if a student has not demonstrated satisfactory academic progress.

#### Policy:

The academic LOA can be granted for up to one year (3 quarters) if, following review of the student's academic record, it is deemed consistent with the student's academic objectives and academic progress. A request for an LOA in excess of 3 quarters must be accompanied by a letter of exception from the student's home departmental office. A student who has not attained the academic objective for which he or she was admitted, and who either fails to enroll or secure a formal leave, loses all graduate student standing within the University.

## When and Where:

The deadline to submit the LOA paperwork to the Graduate Division is Friday of the third week of classes. No further extensions will be granted. You will be notified via email when approved.

### In Case Your LOA Request is not Approved:

It is important that applications for LOA status be submitted to the Graduate Division prior to the beginning of the quarter for which approval is sought. This way, in the event that the student's request is denied, the student will be able to enroll prior to the deadline (and hence avoid late payment fees, etc.).

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## OTHER POLICIES RELEVANT TO LOA

- **Financial Support**: While on an LOA, a student is not eligible for University fellowship support, University research grants, or financial aid. In addition, the student will, in most cases, lose eligibility for deferment of student loan obligations. It is the responsibility of the student to contact their loan agency to verify their loan status before applying for academic leave of absence.
- <u>Housing</u>: LOA status may affect eligibility for student housing. Students living in on-campus housing who are contemplating an LOA should check with their housing office for information prior to submitting an LOA form.
- Academic Appointments and Employment at UCI: A student on leave may not hold an appointment as a Graduate Student Researcher, Teaching Assistant, or other academic employment, and may not be employed by the University of California in any other capacity unless a request for an exception is signed by the Dean of the Graduate Division or a designate.
- <u>Degree Requirements:</u> A student on LOA cannot take qualifying examinations for advancement to candidacy or final examinations for the degree, nor pursue their graduate studies on the UCI campus in any other manner. A student may not receive academic credit for work done at another institution <u>during the leave period</u> unless an exception is approved in advance by the Dean of the Graduate Division.
- **Filing Fee Restriction:** Immediately following an LOA, a student is required to register as a full-time student. Students will not be eligible to be on Filing Fee status, in lieu of full registration, immediately following an academic leave of absence.
- <u>International Students:</u> In accordance with visa restrictions, a student who is not a permanent resident or citizen of the U.S. is not permitted to take an academic leave of absence. Any exception to this policy requires written approval by UCl's International Center, as indicated on the LOA form, which must then be submitted to the Graduate Division.
- <u>Library Privileges</u>: A student on leave will lose library privileges. Students should contact the library for more information. In some cases, special arrangements can be made with the library to maintain privileges.
- <u>Health Insurance</u>: A student on leave will not be covered by the student health insurance program (GSHIP) unless the student self-pays for continued coverage. Students should contact the Student Health Services at 824-2388 for more details.
- Residence: If you have been approved for a leave of absence for 3 or more quarters, please be aware that upon your return, you are required to file a Statement of Legal Residence (SLR) with the Registrar's office. Please contact the Residence Officer via e-mail at regres@uci.edu for more information
- <u>Fee Refunds: If fees have been paid for the quarter the leave is requested</u>, the request for an academic leave of absence <u>must</u> include a Withdrawal Form, which can be obtained from the Registrars Office, or from the front desk at Graduate Division (120 Aldrich Hall). On the Withdrawal Form, the space for "Reason for Withdrawal" should state, "Academic Leave of Absence." The refund schedule is printed on the back of the Withdrawal Form. The effective date for the refund is the date the form is submitted to the Graduate Division.

#### **Additional Details:**

- 1. Once the Withdrawal Form has been approved, courses will be dropped automatically. **If you withdraw after your fees have been paid you may owe money to the University**, based on any graduate aid, financial aid, or both, that you received previously. Please pay careful attention to your ZOT bill after your LOA and Withdrawal Forms have been processed to determine if you have a balance due. Balances that remain unpaid after 6 months will be sent to collections.
- 2. Housing and Student Health Services offices will make necessary arrangements upon their notification that an approved LOA is in effect. Please contact these offices to make arrangements with them.

NOTE: The Student Health Services office requests any payments for insurance be made to that office, not the University Cashier.

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