

**ILLINOIS SPECIAL EDUCATION TEACHER TUITION WAIVER (SETTW)
LEAVE OF ABSENCE (LOA) FORM**

Date: ____/____/____

Recipient Name: _____ SSN: _____

Prior Name: _____

Address: _____

I understand that my leave of absence will be granted for a maximum of two years, unless granted for military service. I will notify the university when the condition(s) that qualified me for the leave ends. I will provide the university and ISAC with my name change and/or my permanent home address change. I have read and understand the terms of the leave of absence as stated on the SETTW promissory note and hereby certify that I do meet the conditions.

Recipient Signature Date: ____/____/____

UNIVERSITY USE ONLY

Recipients may apply for a leave of absence only after they have been enrolled for the first term of the year awarded.

The president of this university, or his/her designee, granted the above student a leave of absence. This LOA extends the requirement to remain enrolled for four (4) continuous years, not to exceed six (6) years total. The leave of absence is granted for the following reason:

a) Earning funds to defray the recipient's educational expenses;

Date Last Enrolled ____/____/____ Anticipated Date of Enrollment ____/____/____

b) Illness; or

Date Last Enrolled ____/____/____ Anticipated Date of Enrollment ____/____/____

c) Military Service*

Date Last Enrolled ____/____/____

Branch of Service: _____ Number of years: _____

Anticipated Date of Enrollment: ____/____/____

* **A leave of absence granted for military service shall not be considered part of the years within which a recipient must complete a degree.**

We are retaining the Special Education Teacher Tuition Waiver Conversion Form (TWCF) and will notify ISAC when the recipient returns from the leave of absence and resumes enrollment.

University _____ School Code: _____

Approved by: _____ Date: ____/____/____

Signature

Title _____

Send ISAC copy to: D-2A, School Services
Illinois Student Assistance Commission
1755 Lake Cook Road
Deerfield, Illinois 60015-5209
866.247.2172
isac.schoolservices@illinois.gov

ISAC use Application Date: _____ Status: _____
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