RETURN FROM LEAVE OF ABSENCE FORM

THIS SECTION TO BE COMPLETED BY STUDENT

| **Student Name:** | _______________________________________________________________ |
| **Panther ID #:** | _______________________________________________________________ |
| **Email:** | _______________________________________________________________ |
| **Phone (Home):** | _______________________________________________________________ |
| **Phone (Cell):** | _______________________________________________________________ |
| **Address:** | _______________________________________________________________ |
| **City, state, zip:** | _______________________________________________________________ |

**Return Date:** __________________

Reason for LOA/Status Change:

- _____ Academic Remediation*
- _____ Research**
- _____ Health/Medical***
- _____ Academic/Special Studies
- _____ Financial
- _____ Personal
- _____ Other

* Students returning from Academic LOA must obtain a written letter from their Academic Advisor that states completion of all remediation requirements.

** Students returning from Research LOA must obtain a written letter from the Director of the Division of Research, or designee, stating that they've been involved in an approved research project during the LOA time period.

*** Students returning from a health/medical LOA must obtain a letter from their personal physician that specifies the medical reason for the LOA and that the student is now medically clear to return to class and fully participate in clinical responsibilities.

One week prior Student must meet with and obtain signatures from the following individuals/offices:

1- Academic Advisor ___________________________________________ Date: ____________
2- Financial Aid ___________________________________________ Date: ____________
3- Office of Med Education ___________________________________________ Date: ____________
4- OSA Dean ___________________________________________ Date: ____________
5- IT ___________________________________________ Date: ____________
6- Registrar, Student Records ___________________________________________ Date: ____________

Return Date: ____________________

Return to Class of: _________

Conditions Y or N (specify below: ___________________________________________)
____________________________________________________________________________
____________________________________________________________________________

Final Approval/Denial:

1- Executive Associate Dean for Academic Affairs: ___________________________________________ Date: ____________

and/or

2- Executive Associate Dean for Student Affairs: ___________________________________________ Date: ____________

Received Registrar: ___________________________________________ Date: ____________

LOA 4-13 cc: Associate Dean for Curriculum and Medical Education, Academic Advisors, Course Directors, Panther Community Directors