

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: _____