

Return from Leave of Absence Form - Medical

Students: Complete this form to request a status change from "Leave of Absence" to "Active." You must submit all applicable medical documentation stating that you will be able to participate fully in your scheduled courses. Please note that additional information may be requested of you. You may consult the catalog for additional policies related to "Leave of Absence" and "Course Sequence Change."

Student Name: _____ Date: _____

Phone #: _____ Email: _____

Address: _____

PLEASE CHECK ONE: Junior: _____ Senior: _____ Graduate: _____

When are you looking to return from your leave of absence? _____

Written statement from medical professional (please include additional sheet and documentation if necessary): _____

Medical Professional Name (Printed): _____

Medical Professional Signature: _____ Date Cleared: _____

Student Signature: _____

Academic Advisor Signature: _____

Director/Dean Signature: _____

Registrar Signature: _____