



Student Request to Return from a Leave of Absence

Student Name: _____

Banner ID: _____

I am requesting to return from an approved leave of absence.

Starting Date of Leave: _____

Ending Date of Leave: _____

Returning to Class of: _____

Ending Date of Last Rotation: _____

Please obtain the following signatures and documentation as indicated:

1. **Clinical Education (for students who have received a rotation schedule or will need one within the following four months)**

I have met with the student to verify the student has met rotation requirements and set a timeline for resuming rotations.

Manager of Clinical Education

Date

2. **Financial Aid**

I have met with the student and explained the impact of this request on student loans and repayment status.

Director of Financial Aid

Date

3. **Director of Academic Success**

I have met with the student to discuss strategies to successfully return from the leave of absence.

Director of Academic Success

Date

4. **Student**

I have read the policies addressing a leave of absence in the Student Handbook and Academic Standards Handbook and make this request with a full understanding of the impact it will have on my student loans, academic plan, and other matters. I am providing the following documentation as applicable with my request:

In the case of a medical leave of absence, a letter from a physician or health care provider stating that I have recovered from the condition leading to the leave of absence and I am now cleared to return to academic endeavors; and

In the event that my leave of absence was six (6) months or longer, I have submitted a negative drug screen at my expense that was completed within two months of my return.

Student

Date

5. **Associate Dean of Enrollment Management**

I have met with the student, documented completion and execution of this form, obtained required documents, and will process the request.

Associate Dean of Enrollment Management

Date